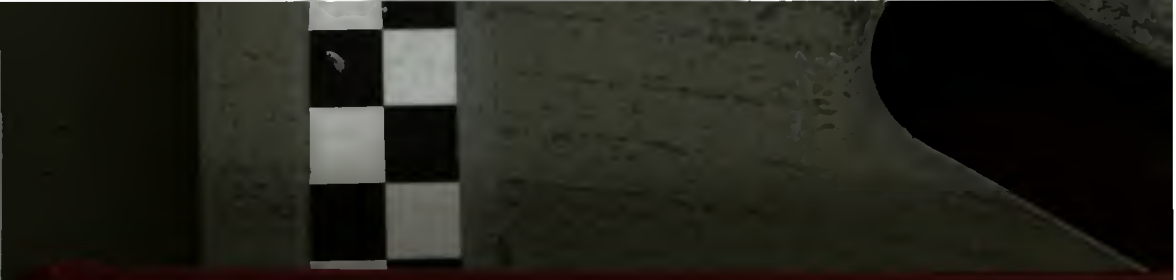

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GOOD SAMARITAN ACT

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HEARING

BEFORE THE

SUBCOMMITTEE ON ADMINISTRATIVE LAW AND GOVERNMENTAL RELATIONS

OF THE

COMMITTEE ON THE JUDICIARY HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

SECOND SESSION

ON

H.R. 3203

A BILL TO ENCOURAGE ON-THE-SCENE EMERGENCY CARE ABOARD AIRCRAFT BY RELIEVING LICENSED MEDICAL PERSONNEL AND AIR CARRIER EMPLOYEES FROM CIVIL LIABILITY FOR DAMAGES RESULTING FROM ANY ACT OR OMISSION IN RENDERING SUCH CARE

JULY 28, 1980

Serial No. 53

Printed for the use of the Committee on the Judiciary

U.S. GOVERNMENT PRINTING OFFICE

67-292 O WASHINGTON: 1980

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GOOD SAMARITAN ACT

MONDAY, JULY 28, 1980

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ADMINISTRATIVE LAW
AND GOVERNMENTAL RELATIONS OF THE
COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The subcommittee met, pursuant to notice, at 11 a.m., in room 2226 of the Rayburn House Office Building, Hon. George E. Danielson (chairman of the subcommittee) presiding.

Present: Representatives Danielson, Harris, Glickman, Moorhead, and McClory.

Also present: William P. Shattuck, counsel; Janet S. Potts and James H. Lauer, Jr., assistant counsel; Alan F. Coffey, Jr., associate counsel; and Florence McGrady, clerk.

Mr. DANIELSON. Our next bill will be H.R. 3203 which is related to the bills H.R. 382 and H.R. 675 which selectively seeks to bring about legislation referred to as "good samaritan" in quotes. The bills are specifically to encourage on-the-scene emergency care aboard aircraft by relieving licensed medical personnel and air carrier employees from civil liability for damages resulting from any act or omission in rendering such care.

[A copy of H.R. 3203 follows:]

96TH CONGRESS
1ST SESSION

H. R. 3203

To encourage on-the-scene emergency care aboard aircraft by relieving licensed medical personnel and air carrier employees from civil liability for damages resulting from any act or omission in rendering such care.

IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 1979

Mr. PURSELL (for himself, Mr. OTTINGER, Mr. LAGOMARSINO, Mr. FRENZEL, Mr. DOWNEY, Mr. CONTE, Mr. WON PAT, Mr. HOWARD, Mr. YATRON, Mr. MCDONALD, Mr. GUYER, Mr. BADHAM, Mr. BROWN of Ohio, Mr. JEFFORDS, Mr. ROBINSON, and Mr. MONTGOMERY) introduced the following bill; which was referred to the Committee on the Judiciary

---

A BILL

To encourage on-the-scene emergency care aboard aircraft by relieving licensed medical personnel and air carrier employees from civil liability for damages resulting from any act or omission in rendering such care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Good Samaritan Act".

SEC. 2. Any licensed medical personnel, or any air carrier employee who, in good faith, renders emergency care to

an injured or ill person aboard an aircraft shall not be liable for any civil damages as a result of any act or omission by such licensed medical personnel or air carrier employee in rendering such care, except for any act or omission done with intent to cause damage or recklessly and with knowledge that damage would probably result. Any such licensed medical personnel or air carrier employee shall not be liable for any such act or omission in rendering continued emergency care to the injured or ill person from the time of disembarkation and continuing through transportation from the aircraft to a medical facility for further treatment or care: *Provided, however,* That nothing contained herein shall be deemed to alter or abridge the authority of the pilot in command of the aircraft, including whether, where, or when emergency care should be rendered.

SEC. 3. The relief from liability accorded by section 2 of the Act shall extend to the owner or operator of any aircraft subject to this Act, to the cockpit crew and cabin attendants of said aircraft, and to the employer of any other protected employee, said persons being further relieved from liability by reason of the carriage aboard any aircraft subject to this Act of medical supplies, drugs, and equipment intended for emergency care.

SEC. 4. The relief from liability accorded by section 2 of this Act extends to actions brought in both Federal and State courts of the United States.

SEC. 5. For purposes of this Act—

(1) the term "licensed medical personnel" means any person, including a physician or a nurse, who is licensed in any of the States, including the District of Columbia, territories or possessions of the United States to practice medicine or to render services ancillary thereto;

(2) the term "air carrier employee" means any person who is employed by any air carrier, as the latter term is defined in section 101(3) of the Federal Aviation Act (49 U.S.C. 1301);

(3) the term "good faith" means a reasonable opinion that the situation is such that the rendering of care is needed and should not be postponed;

(4) the term "emergency care" means care, first aid, treatment, or assistance rendered to an injured or ill person, and includes providing or arranging for further medical treatment or care for such person; and

(5) the phrase "aboard an aircraft" includes—

(a) civil aircraft of the United States;

(b) aircraft of the national defense forces of the United States;

(c) any other aircraft within the United States;

(d) any other aircraft outside the United States—

(i) that has its next intended destination or last point of departure in the United States, if that aircraft next actually lands in the United States; or

(ii) having "an offense", as defined in the Convention for the Suppression of Unlawful Seizure of Aircraft, committed aboard, if that aircraft lands in the United States with the alleged offender still aboard; and

(e) other aircraft leased without crew to a lessee who has his principal place of business in the United States, or if none, who has his permanent residence in the United States;

from the time of embarkation of any flight crew member or passenger, continuing through flight and culminating with the disembarkation of all flight crew members and passengers.

96TH CONGRESS
1ST SESSION

H. R. 382

To encourage on-the-scene emergency care aboard aircraft by relieving physicians, registered nurses, and aircraft employees from civil liability for damages resulting from any act or omission in rendering such care.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 15, 1979

Mr. GUYER introduced the following bill; which was referred to the Committee on the Judiciary

---

A BILL

To encourage on-the-scene emergency care aboard aircraft by relieving physicians, registered nurses, and aircraft employees from civil liability for damages resulting from any act or omission in rendering such care.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Good Samaritan Act".

SEC. 2. Any physician, registered nurse, or aircraft employee who, in good faith and with a reasonable belief that immediate medical attention is necessary, renders emergency care to an injured or ill person aboard an aircraft within the special aircraft jurisdiction of the United States shall not be liable for any civil damages as a result of any

act or omission by such physician, registered nurse, or aircraft employee in rendering such care, except for any act or omission amounting to gross negligence or willful or wanton misconduct. Any such physician, registered nurse, or aircraft employee shall not be liable for any such act or omission in rendering continued emergency care to the injured or ill person during transportation from the aircraft to a medical facility for further treatment or care.

SEC. 3. For purposes of this Act—

(1) the term "physician" means any person who is licensed to practice medicine in the United States or its territories and possessions;

(2) the term "registered nurse" means any person who is licensed as such by any of the States or territories and possessions of the United States;

(3) the term "aircraft employee" means any person who is employed by any air carrier;

(4) the term "emergency care" means care, first aid, treatment or assistance rendered to an injured or ill person, and includes providing or arranging for further medical treatment or care for such person; and

(5) the term "special aircraft jurisdiction of the United States" has the meaning given it in section 101 (32) of the Federal Aviation Act of 1958 (49 U.S.C. 1301 (32)).

Mr. DANIELSON. We will have with us today the sponsor of one of the bills, the Honorable Carl D. Pursell, Member of Congress.

I would like to point out at the inception that with respect this legislative heretofore submitted by letter inquiries. I have a letter dated May 2, 1980, to the Honorable Neil Goldschmidt, Secretary of the Department of Transportation, and a letter dated May 6, 1980, to Dr. Hoyt Gardner, president, American Medical Association; letter dated June 20, 1980, addressed to the Honorable Alan A. Parker, assistant attorney for legislative affairs; and a letter dated June 20, 1980, to the Honorable Patricia Harris, Secretary of the Department of Health and Human Services, asking for their comments, suggestions, recommendations on these bills.

To date no response has been received from any of them.

In addition the following groups, agencies, and persons were contacted by telephone in early July and no response has been received, namely: Federal Aviation Administration, American Insurance Association, National Association of Independent Insurers, American Nurses Association, Air Pilots Association, and Association of Flight Attendants.

I hope that we will hear from these interested persons some time in the near future.

Mr. Pursell, you are the author of H.R. 3203. We are delighted that you are before us today. You have a written statement which will be received in the record if there is no objection—and there is no objection. Now you are free to proceed.

[The information follows:]

STATEMENT OF HON. CARL D. PURSELL, CONGRESSMAN—MICHIGAN

The attached statement supports legislation (H.R. 3203) that I have introduced, along with 16 cosponsors, entitled the "Good Samaritan Act."

Due to concern over possible law suits, physicians, nurses, airline personnel, and others are often reluctant to come forward to assist ill or injured airline passengers. In addition, this situation limits the availability of basic medical equipment aboard aircraft.

The various states have enacted so-called "Good Samaritan" laws to encourage the voluntary administration of medical aid; however, these provisions have limited applicability in incidents involving interstate air travel.

H.R. 3203 which simply would exempt from civil liability licensed medical personnel and airline carrier employees who, in good faith, render emergency care to an injured or ill person aboard an aircraft. This exemption would not apply if it were determined that the "Good Samaritan" intended to cause damage or acted "recklessly and with knowledge that damage would probably result."

Needless to say, such a doctrine would encourage would-be "Good Samaritans" to fall short of their Biblical counterpart. In 1959 the State of California passed the first so-called "Good Samaritan" law so as to encourage the voluntary administration of aid in emergency circumstances by limiting liability for civil damages. Since then all the other 49 states have put similar laws on the books.

Such legislation at the state level has limited applicability, however, when it comes to incidents involving interstate air travel. Accordingly, some form of uniform national coverage seems highly desirable and appropriate.

Several years ago, a consitutent in my Congressional District—Dr. Melvin Reinhart, a psychiatrist—took an airline flight on which another passenger suffered a heart attack. Dr. Reinhart was very disturbed that basic medical equipmant was not available to him and that other physicians on board did not come forward to assist the stewardess in caring for the heart patient. Fortunately, the victim, in that case, survived. He was luckier than some who have suffered fatal medical emergencies in flight.

In the true spirit of the Hippocratic Oath, Dr. Reinhart promptly began efforts to require airlines to carry basic medical supplies on board. He soon learned that such equipment was not available due to concern over possible law suits against doctors, nurses, and airline personnel who might use it in assisting stricken passengers.

In response Dr. Reinhart's efforts, my predecessor, Marvin Esch, introduced legislation (H.R. 3203) similar to the bill before you today. Because I strongly believe in the need for effective action in this area, I have introduced such measures in both the 95th and 96th Congresses, in which I have served.

In brief, H.R. 3203 simply would exempt from civil liability licensed medical personnel and airline carrier employees who, in good faith, render emergency care to an injured or ill person aboard an aircraft. This exemption would not apply if it were determined that the "Good Samaritan" intended to cause damage or acted "recklessly and with knowledge that damage would probably result."

I am pleased that Dr. Reinhart is here today, so that you will be able to hear from him directly. In addition, you will have an opportunity to receive testimony from some of the numerous and diverse groups advocating this legislation, which, incidentally, has bipartisan support here in Congress from members throughout the nation.

Let us also not forget the thousands of potential victims who are not here to testify, but who would be the real beneficiaries of legislation such as H.R. 3203. There is no way of determining how many lives might be saved.

Again, thank you very much for your attention and consideration.

TESTIMONY OF HON. CARL D. PURSELL, U.S. HOUSE OF REPRESENTATIVES

Mr. PURSELL. Thank you, Mr. Chairman. I want to thank the members of the committee for taking a few minutes this morning from their high priority schedules elsewhere to attend this hearing.

I have introduced, along with 16 cosponsors, H.R. 3203 which simply would exempt from civil liability licensed medical personnel and airline carrier employees who, in good faith, render emergency care to an injured or ill person aboard an aircraft. This exemption would not apply if it were determined that the "Good Samaritan" intended to cause damage or acted "recklessly and with knowledge that damage would probably result."

I will not read all my testimony but I want to make a couple of salient points that I think are important.

In 1959 the State of California passed the first so-called good samaritan law so as to encourage the voluntary administration of aid in emergency circumstances by limiting liability for civil damages. Since then all the other 49 States have put similar laws on the books.

Such legislation at the State level has limited applicability, however, when it comes to incidents involving interstate air travel. Accordingly, some form of uniform national coverage seems highly desirable and appropriate.

Several years ago, a constituent in my congressional district—Dr. Melvin Reinhart, a psychiatrist—took an airline flight on which another passenger suffered a heart attack. Dr. Reinhart was very disturbed that basic medical equipment was not available to him and that other physicians on board did not come forward to assist the stewardess in caring for the heart patient. Fortunately, the victim, in that case, survived. He was luckier than some who have suffered fatal medical emergencies in flight.

In the true spirit of the Hippocratic oath, Dr. Reinhart promptly began efforts to require airlines to carry basic medical supplies onboard. He soon learned that such equipment was not available due to concern over possible lawsuits against doctors, nurses, and airline personnel who might use it in assisting striken passengers. Basically that is the substance of the bill.

I do not take credit for this legislation. Congressman Marvin Esch was the original author. It has been in the Congress for some

years, I think it is appropriate, and I want to congratulate the committee for beginning to look at it.

I understand a number of organizations nationally have endorsed the bill. I do not know at this time any particular organization that has come out opposed to the bill. I think your letters to Secretary Goldschmidt, and others are appropriate and I would be very happy to continue working with Members of Congress and the committee on this matter.

We would be anxious, of course, that this bill could be considered either in individual form or as an amendment to a germane bill that would be timely to the Congress so we would not have to wait a long time in terms of final passage.

Mr. DANIELSON. Thank you very much, Mr. Pursell.

Mr. Harris of Virginia.

Mr. HARRIS. I have no questions.

Mr. DANIELSON. Mr. Moorhead of California.

Mr. MOORHEAD. I only have one question here. In some of these good samaritan laws we have passed in the various States the definition has been broadened beyond what you have in your bill to include paramedics, dentists, and other people who might have a sufficient amount of medical training to be of assistance. They would be in real danger if they stepped up and volunteered their services in light of the present law or under your bill.

Mr. PURSELL. I would think it would be appropriate as airline passsengers, as all of us are in Congress, to extend this to medically trained personnel and people who have some skills in basic first aid treatment that are onboard at a particular time, such as a stewardess or a person who has medical experience to qualify to offer assistance to save a life. That is basically what I am talking about. As a nonattorney, I apply commonsense to those situations where you run across someone who is injured and you have an opportunity to save someone's life. To me that is a reasonable exercise in good judgment at that particular time in the case of a flight in which we need to help somebody.

Mr. MOORHEAD. Do you know how many negligence suits of this type are now pending?

Mr. PURSELL. No; I do not. That would be appropriate to check out. I am sure there are people to testify on this, legal people, who may be able to answer that question.

Mr. MOORHEAD. Thank you very much. You have a good bill.

Mr. PURSELL. Thank you.

Mr. DANIELSON. Mr. Glickman of Kansas.

Mr. GLICKMAN. Thank you.

This does look like a good bill.

You seem to imply that airlines do not carry emergency equipment now because of the fear it would be used. Is that true?

Mr. PURSELL Basically that is true. First aid equipment is not readily available at the time of need. They either have to return the plane if it is on a path and get the patient back to a hospital or land the plane in the case of a heart attack or some danger to save a life.

Mr. GLICKMAN. Do you know if airline policies differ on this?

Mr. PURSELL. I do not. The various airlines have endorsed the bill and would support it if we did pass this legislation so I think in

a positive sense they would support basic equipment and they would be willing to supply it. That would be basic first aid equipment, not complex treatment technology.

Mr. GLICKMAN. To your knowledge, are airline personnel trained in first aid?

Mr. PURSELL. To some extent they are. Stewardesses have basic training but still they are very hesitant to assist an individual patient that needs help immediately because of the possibility of a lawsuit.

Mr. GLICKMAN. I assume State laws would not be adequate?

Mr. PURSELL. Yes. Every State in the Nation has this on its book at this time.

Mr. DANIELSON. Thank you, Mr. Glickman.

Mr. McClory of Illinois.

Mr. MCCLORY. Thank you very much, Mr. Chairman.

My attention has been drawn to the distinction between the bill of which you are the principal sponsor, Mr. Pursell, and some of the State laws that cover the same general subject. You seem to impose a wider standard for requiring this immunity than the State laws. The State laws seem to say "gross negligence or willfull and wanton misconduct" or something like that whereas you refer to "with an intent to cause damage or recklessly and with knowledge that damage would probably result."

Mr. PURSELL. I would think your comments are well taken, Mr. McClory, and I think those are minimum language standards. I would be willing as the author to accept any reasonable uniformity if we could find uniformity within the committee that would be agreeable to solve this particular problem. I am not an attorney. I am looking at the commonsense issue of trying to save someone's life in a critical situation. As military officers, those of us who had basic first aid treatment, some minimal skills, would do that as a matter of normal practice. What I am suggesting is that we find language that would be appropriate. We think this is the best language. You may have a constructive suggestion that would be appreciated by me and the cosponsors.

Mr. MCCLORY. Also the immunity is rather broad as far as the air carrier and crew are concerned. Section 3 of the bill relieves them of liability by reason of carriage onboard of medical supplies, drugs, and equipment intended for emergency care. If we do not provide protection for the misuse of the drugs or the equipment, and injury results, that would seem to be inappropriate.

Mr. PURSELL. I think in most cases we have found airline personnel are extremely well qualified people and exercise good reasonable judgment. And I would suggest if you have MD's aboard who could look at a case immediately, those people would certainly be qualified.

I think in terms of reasonableness I would exercise judgment that we had trained people who, if they are aboard, could offer some medical help and save a life.

Mr. MCCLORY. What are you saying then that you think the pilot should have complete authority with regard to the question of whether any emergency help should be provided or what kind of emergency help should be provided?

Mr. PURSELL. I think that is pretty much implied in the service that the pilot has the final decision. If you have an MD aboard or a nurse, somebody who is qualified to look at that case, obviously consultation to save the life would involve an agreement of those parties involved. The bottom line is somebody there on the flight who is able to save a life. I think those judgments are ones we make every day that are commonsense and are reasonable.

Mr. MCCLORY. As I see this, for instance, if you had a doctor onboard, and he knew what he was doing, but the pilot nevertheless intervenes as far as his decision is concerned, yet unless we can prove the pilot was deliberately trying to cause the damage that resulted, there would not be any liability?

Mr. PURSELL. I think there is reasonableness and commonsense that would apply with a pilot well trained and experienced and who has jurisdictional responsibility with a doctor aboard. We have absolutely no opportunity to save a life now. I am moving in that direction, and I think the bill is appropriate in that matter. The airline people would probably like to testify.

Mr. MCCLORY. If we saw fit to amend the bill to reflect the general pattern of the State statutes, would you object to that?

Mr. PURSELL. No.

Mr. DANIELSON. I believe we did cover you, Mr. Glickman.

Mr. GLICKMAN. Yes.

Mr. DANIELSON. I think we all agree that the objectives of this bill are very good. We are dealing with public health and safety under an emergency situation. I will feel a lot more comfortable when we have response from some of the people from whom we have already solicited responses such as the American Medical Association, the insurance industry, the airline industry, the Department of Transportation. I have no quarrel with the objectives. I just hope if we pass the bill into law it will be adequate for the purposes to which it is addressed.

I would like to state that I have in my hand a compilation of the statutes of the 50 States and the District of Columbia which has been prepared. We requested it from the Library of Congress. It is a briefly summarized compilation but even so it encompasses 60-odd pages of material.

Without objection I would like to include that in the record. I think it is an essential yardstick against which we might measure our further action on this type of bill. [See p. 37.]

In thumbing through it I have noted there is quite a variance in the laws of the several States. In my own State of California the subject matter come up in half a dozen different codes some of which are limited to medical doctors, even to nurses, even to veterinarians.

A number of the States have a rule that if a person who is a licensed medical doctor, or a nurse, or a person who has received training of the emergency and Red Cross first aid diploma——

Mr. MCCLORY. Licensed people.

Mr. DANIELSON. Yes. Such a person is exempted. I feel we should have this information before us before we mark up the bill for the purposes of having guidance in existing legislation and second bringing to our attention problems we should consider before we write the final version of the bill. I do thank you very much for

your contribution, Mr. Pursell. It is an important subject. We are not going to ignore it.

I would think since we have laws already in 50 States and the District of Columbia, an airplane is almost certain to be over one of those States or the District of Columbia at any time in its scheduled passage so I would assume the State over which I am flying at the time of the event would govern unless we pass a Federal law in which event the supremacy clause would probably make the Federal law govern.

We thank you for your help.

Mr. McCLORY. Mr. Chairman, I revive my request for just a moment before Mr. Glickman and Mr. Harris leave. As I understand, the national ski patrol bill passed in the Senate. It is not objectionable from the standpoint of our subcommittee's criteria. I have discussed it with counsel, while we were meeting and we do have a quorum. Time is running out. I know it is a piece of legislation we would like to dispose of in this Congress. Would it be possible for us to vote the bill out? If there are technical amendments that require improvement, counsel could do that.

Mr. DANIELSON. I appreciate the comment, sir. I have objection to the style of the bill which really is a little more extensive than just a technical amendment though I do not think it is inconsistent with what the wishes of the proponents expressed this morning. The bill is far more extensive than it needs to be to meet their needs and it tends to be a little misleading as to the ultimate effect.

Mr. McCLORY. So it is the chairman's intent to bring this up.

Mr. DANIELSON. I will try to work out language that you will be comfortable with, which will not defeat the purpose of the bill but make it realistic.

Mr. McCLORY. Possibly this week?

Mr. DANIELSON. Possibly this week.

Mr. McCLORY. Thank you, Mr. Chairman.

Mr. DANIELSON. I am sure Mr. Harris knows he may have a little work to do before the bill comes before the committee.

We will get back to the bill on good Samaritans.

Dr. Reinhart, I am sorry for the diversion.

[The prepared statement of Dr. Reinhart follows:]

STATEMENT OF MELVIN J. REINHART, M. D.

Summary page for the testimony for the Subcommittee on Administrative Law and Governmental Regulation for the House Judiciary Committee.

The enclosed testimony supports the Pursell bill H.R. 3203. The testimony describes an occurrence aboard an aircraft traveling non-stop from Detroit, Michigan, to San Francisco, California, in the summer of 1972. It encompasses the trials and tribulations of treaters who came to the assistance of a passenger suffering a possible coronary occlusive episode. These included the following: (1) the medical-legal climate inhibiting the most capable treaters from coming forth and volunteering their services, (2) the unavailability of necessary diagnostic and treatment tools to help the treaters arrive at a reasonable recommendation to crew and patients, (3) the inadequacy of the treatment milieu aboard a multimillion dollar aircraft. In order to influence items (2) and (3) it would seem that the first item can be addressed by the currently authored legislation providing Good Samaritan protection from litigation to health professionals and crew who would wish to provide support to ill and injured passengers. Without Good Samaritan coverage it is clear that the tools and milieu will not be utilized fully even if provided by interested industry and regulatory boards. Included also in the Appendix are the resolutions passed by the Michigan State Medical Society House of Delegates in May of 1978 and the subsequent passage of resolutions by the American Medical Association House of Delegates.

Testimony of Melvin J. Reinhart, MD,
Professor of Psychiatry, Michigan State University,
College of Human Medicine
Clinical Associate Professor of Psychiatry,
University of Michigan Medical School
Immediate Past President, Washtenaw County
Medical Society (Ann Arbor, Michigan)
Before the Subcommittee on Administrative
Law and Governmental Relations
U. S. House of Representatives
July 28, 1980

Initially I would like to thank the Chairman, Cong. Danielson and the Committee as well as the many other interested participants with whom I have had meaningful dialogue over the past eight years.

My interest in this legislation originated eight years ago this summer when I was witness to a potential catastrophe aboard a wide-bellied jet aircraft flying non-stop from Detroit, Michigan, to San Francisco, California. Since my evidence is unique only in its experiential base I would like to outline the circumstance for the Committee.

While flying north of Denver, Colorado, on the aforementioned non-stop flight I learned that a passenger seated several rows behind me was suffering from a "small heart attack". Upon reaching the afflicted passenger's area I learned from him that he had had a coronary bypass operation at the Pacific Medical Center in San Francisco several months previously and, in his capacity as a traveling salesman, had resumed his activities moving around the country postsurgery. He had had no recent symptomatology prior to this episode but now was experiencing severe, crushing, chest pain. He was self-administering some nitroglycerin which gave him minimal relief from his symptoms. I checked his pulse

and found it to be regular but rapid. Since I was many years out of my internship, residency and military service and into a primarily academic psychiatric practice, I called for assistance. I had met a colleague of mine from the University of Michigan Medical Center prior to boarding the aircraft. This otorhinolaryngologist appeared at my behest and consulted about the patient's plight. Since neither of us were primary treating physicians of the internal medicine or family practice ilk we asked for additional doctors to come forth. In a cooperative fashion three additional physicians appeared, two general surgeons and another psychiatrist. We operated in a committee fashion.

The aircraft personnel were very cooperative but the aircraft was totally ill-equipped. There was nothing aboard to help us decide various medical issues such as whether the man's condition was deteriorating from a cardiovascular point of view. In fact, it was impossible to have the patient lie comfortably in a supine position. He was half seated and half lying in a double seat in the first class cabin. The only helpful devices available were small oxygen flasks which the man was using intermittently. The captain of the aircraft stated that he would be willing to set the craft down in Denver, Colorado, or Salt Lake City, Utah, these being the only airports in the area at that time which he felt could accommodate this size jet aircraft. He did state, however, that the proper booster equipment was not available in Salt Lake City and, therefore, this would require dispatching two smaller jet aircraft to carry the passengers on to San Francisco necessitating a long delay. Furthermore, the patient who had both family and personal physicians in the San Francisco area strongly wished to continue on to San Francisco.

We ultimately decided to go along with the patient's request, essentially "flying blind" in regard to his physiologic status. With a great deal of discomfort to the patient and considerable anxiety to the

doctors and crew the plane flew on and the patient did make it to San Francisco. He was rushed by ambulance to the Pacific Medical Center. Four days afterwards I learned that he was up and about and that repeated diagnostic studies had not revealed the etiology of this episode. However, he was symptom free at that time, according to his attending physicians.

With this experience freshly in mind I discussed the possibility of rectifying some of the problems which were encountered by me and my colleagues in the aforementioned episode. The primary question was one of facilitating the possibility of potential treaters coming forth in such a circumstance. While there was no shortage of numbers we suspected that the most effective treaters did not come forth due to the litigious climate in this country. This climate could be immeasurably improved if potential treaters felt a security of freedom of suit should they endeavor to be of help to their fellow passengers.

Thus evolved the Good Samaritan Bill of 1972 which finally has reached the level of a committee hearing as of 1980. With a Good Samaritan Bill in place it was felt that the FAA and other regulatory and industry people could be approached in regard to enhancing our potential for at least making a differential diagnosis and helping in regard to prudent decision making. For example, it would be reasonable to assume that for several hundred dollars each multimillion dollar aircraft could have minimal tools aboard to assist physicians, nurses, paramedics, and airline personnel in their emergency diagnostic work. A list was drawn up by one of the professors of surgery at the medical center and included in a letter to Cong. Esch on July 18, 1973. The following equipment was listed: a sphygmomanometer, stethoscope, otoscope, a variety of hemostats, tourniquet, surgical scissors, skin sutures, syringes with a variety of needles, supporting bandages and tape as well

as splints. Medications might include tranquillizers both antipsychotic and antianxiety types; sedatives, Adrenalin, Xylocaine, Benadryl, and a variety of analgesics. It should be emphasized that much of this is aboard even the most primitive of tramp ocean steamers with captains infinitely less knowledgeable and sophisticated than our airline pilots in charge. Furthermore, it is entirely conceivable that a draw curtain could be worked into the aircraft design so that one row could be sequestered off from the remainder of the cabin and the patient could lie in a supine position fairly comfortably unlike the rather uncomfortable jack-knife position of the patient noted in the aforementioned scenario. However important these items are they must be secondary to arranging a climate more conducive than the current one to support potential treaters.

While many states have enacted Good Samaritan laws which are helpful, when flying along at 35,000 feet at 600 mph crossing a variety of state jurisdictions, it seems reasonable and important to have a uniform coverage throughout the country. Health care workers and crews in the current medical-legal climate require a certain security if they are to come forth. This is a fact. Too many of our colleagues with the milk of human kindness have been the subject of litigation when attempting, under almost battlefield conditions, to provide for ill and injured sojourners. While the amount of litigation actually forthcoming in the aforementioned type of scenario has been limited to the best of my knowledge, what is important is the psychological security for the potential treater to make it as inviting a milieu as possible to come forth.

Should this legislation receive the support of the Congress of the United States, medical journals would most assuredly promulgate this information to their readers. I am certain that other potential treaters as represented by the other health workers: nurses, paramedics and dentists, as well as airline personnel, pilots and attendants, would likewise disseminate information and provide a more secure setting for those who travel extensively in the air domestically. It should be emphasized that there is a need to increase our performance in this realm and we do tend to have the potential helpers at the scene. Thank you again for this opportunity to address this committee.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 72
(A-80)

Introduced by: Aerospace Medical Association

Subject: Liability for Emergency Care to Airline Passengers

Referred to: Reference Committee H
(Richard W. Whitten, M. D., Chairman)

Whereas, The health and medical care of airline passengers who are ill or injured is of concern to all members of the Aerospace Medical Association; and

Whereas, At times many physicians are called upon to render emergency medical assistance to airline passengers; and

Whereas, Under present circumstances, the rendering of such services by a physician could result in legal action with a judgment of liability for civil damages; therefore be it

RESOLVED, That the American Medical Association endorse legislation and regulations that provide a "good Samaritan Law" exempting qualified health care professionals from liability for charges of civil damages claimed against such professional persons as a result of their rendering emergency medical assistance to ill or injured airline passengers.

Resolution: 73
(A-80)

Introduced by: Aerospace Medical Association

Subject: International Liability Regulations
Pertaining to Emergency Care

Referred to: Reference Committee H
(Richard W. Whitten, M. D., Chairman)

Whereas, The Aerospace Medical Association and its members throughout the world have assumed a leading role regarding emergency medical care for airline passengers; and

Whereas The Association has strongly urged the Congress of the United States and Federal Aviation Regulatory Agencies to legislate and promulgate a "Good Samaritan Act" for the protection of professional medical personnel from legal action that could result from emergency medical services rendered by the medical professional in behalf of ill or injured airline passengers; and

Whereas, The International Airline Transport Medical Advisory Group has been persistent in its recommendation to its parent organization for the promulgation of Good Samaritan Laws; therefore be it

RESOLVED, That the American Medical Association urge the International Civil Aviation Organization to make explicit recommendations to its member countries for the enactment of regulations providing relief for licensed medical personnel from civil liability for damages resulting from any act or omission in rendering on-the-scene emergency care aboard and in the immediate vicinity of air carrier operations.

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 74
(A-80)

Introduced by: Aerospace Medical Association

Subject: Emergency Training for Flight Crews

Referred to: Reference Committee H
(Richard W. Whitten, M. D., Chairman)

Whereas, The Aerospace Medical Association is dedicated to promote, protect and and maintain health and safety in Aeronautics; and

Whereas, The Association and its members continue to strive for greater aircrew and passenger physical welfare and safety; and

Whereas, it is evident that most aircarriers and commercial flight operators do not have uniform and comprehensive programs for both initial and recurrent training of flight crew members for medical emergencies; and

Whereas, The Federal Aviation Administration regulations are not specific in respect to appropriate and required flight crew member training for medical emergencies; therefore be it

RESOLVED, That the American Medical Association urge the Federal Aviation Administration to develop and publish regulations defining standards for uniform and comprehensive medical emergency training programs for aircarrier flight crew members.

TESTIMONY OF DR. MELVIN J. REINHART, McLAREN GENERAL HOSPITAL, FLINT, MICH., AND PROFESSOR OF PSYCHIATRY, MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN SERVICES

Dr. REINHART. Thank you, Mr. Chairman and members of the committee. I have been asked to share my time, if this is agreeable to the committee, with the Air Transport Association since you are running short of time.

Mr. DANIELSON. Sir, that would be fine. I have on my witness list and probably the people to whom you refer, Kathleen Argiropoulos, assistant vice president—law and secretary of the Air Transport Association, accompanied by Dr. Robert Anderson, corporate director of medical service at TWA; Dr. C. Richard Harper, vice president, medical services, United Airlines; Dr. Lawrence Marinelli, director of medical services, Continental Airlines; and Dr. Robert L. Wick, Jr., corporate medical director, American Airlines.

Dr. REINHART. It is indeed a pleasure to speak in behalf of Congressman Carl Pursell's bill, H.R. 3203. It has been a long time coming to this level. Having started with Congressman Marvin Esch in 1972, I am indeed pleased we have the opportunity to present this to you.

My evidence which has been submitted to you is primarily anecdotal in nature in terms of being pressed into service as a emergency treater of a person aboard an aircraft. While I was a passenger aboard a nonstop flight from Detroit, Mich. to San Francisco in the summer of 1972, a passenger became acutely ill approximately 2 hours out on the run, and was suffering from chest pains, rather

severe in nature. He was attempting to treat himself with nitroglycerine tablets which he had with him and some small flasks of oxygen which the airline had provided.

I attempted to ascertain who among the passenger population on the airplane would be available to provide emergency care. We recruited five doctors on this DC-10 which was carrying perhaps 250 passengers at the time. So the ratio of the M.D. treaters to people aboard the craft was infinitely greater than that in the general population at large.

We attempted to ascertain the patient's condition. This was almost impossible. His pulse was rapid and thready. He was obviously in considerable discomfort. We were unable to ascertain whether his blood pressure was dropping. The pilot of the craft approached us—two surgeons, two psychiatrists, and an ENT man. Unfortunately, no internal medicine person or family practitioner had come forth.

I should emphasize the cooperation on the part of the captain in seeking advice. He was willing to put the craft down in Denver, in Salt Lake City. We really were unable to give an intelligent assessment of the medical situation.

The problem was solved by the patient who stated that he was a resident of San Francisco, Calif., had been operated on several months earlier with a coronary bypass, and wished to be treated by his physician at the Pacific Medical Center. Fortunately for him he did survive the flight.

I called the hospital 4 days after our arrival and there was no etilogy determined for his acute illness. They had done repeated laboratory and dye studies to no definite conclusion.

I want to emphasize, however, that this legislation as I see it is very important in view of the litigious climate in the country today. It will expedite treatment without question. It is not a question of how many cases are currently undergoing litigation involving treaters. However, because of the realistic defensive and protective posture of potential treaters this legislation is required to encourage them to come forth in maximum numbers and to do the most that is feasible and safe in an emergency situation.

The suits that are filed in emergency circumstances are generally of a nuisance and frivilous character and are not at all meritorious. Nevertheless the treaters are increasingly aware that they may be involved in nuisance litigation and may be overly conservative.

My research is somewhat at variance with that research reported earlier in that I found a number of States—one quarter—have either minimal or nonexistent good samaritan legislation. Of course, the concern of this national legislation is to provide uniformity. The problem as you can well imagine when you are traveling at 35,000 feet at 600 miles an hour crossing innumerable jurisdictions is a legislative nightmare.

This bill is an enabling piece of legislation to increase our capacity to deal with the emergency medical situation aboard aircraft from an equipment as well as architectural point of view. However, improving the facilities aboard the craft without supporting the treater psychologically and legally would be a very wasteful thing to do. This piece of legislation has been supported by resolutions by

the House of Delegates of the Michigan State Medical Association and the House of Delegates of the AMA.

It is a humanitarian piece of legislation whose beneficiaries will be the sick and injured. We all have a major stake in this legislation, particularly those of us who travel extensively by air and want to maximize our chances for survival. I think this bill will go a long way toward providing this needed assistance.

I should say too in the audience are representatives of the Association of Flight Attendants and they have been very active in support of this legislation. Miss Mott is currently in attendance and is one of the representatives of this association.

Mr. DANIELSON. Is Miss Mott in the audience today?

A lady has raised her hand. Would you state your full name and some kind of affiliation for the record, please.

Mrs. MOTT. Mrs. Delfina Mott, director of safety to the Association of Flight Attendants, based here in Washington, D.C., with the Association of Flight Attendants. We are headquartered in Washington.

Mr. DANIELSON. Thank you. You support the legislation?

Mrs. MOTT. We have very strongly supported the legislation all along, I believe.

Dr. REINHART. The ALPA have been very supportive. Unfortunately I do not believe they are represented in the audience.

I should also add that I am in receipt for the record of letters from John Anderson, for David Boyd, Director of Division Medical Services of the Department of HEW who states just in part:

> We share your concern and agree that the problem exists in providing emergency care to sick and injured passengers during in-flight commercial aircraft emergencies.

This has been also mentioned by several other people in the administration but I will not take the committee's time to enumerate this.

Mr. DANIELSON. We really have to hear from them. Hearing from you purporting to represent them—we are pretty liberal on our rules of evidence—would be hearsay of the strangest sort.

Dr. REINHART. Thank you again for this opportunity.

Mr. DANIELSON. Would any of the other members of your panel like to make an affirmative statement of any kind?

TESTIMONY OF KATHLEEN O. ARGIROPOULOS, ASSISTANT VICE PRESIDENT—LAW AND SECRETARY OF THE AIR TRANSPORT ASSOCIATION, ACCOMPANIED BY DR. ROBERT ANDERSON, CORPORATE DIRECTOR OF MEDICAL SERVICES, TWA; DR. C. RICHARD HARPER, VICE PRESIDENT, MEDICAL SERVICES, UNITED AIRLINES; DR. LAWRENCE MARINELLI, DIRECTOR OF MEDICAL SERVICES, CONTINENTAL AIRLINES; AND DR. ROBERT L. WICK, JR., CORPORATE MEDICAL DIRECTOR, AMERICAN AIRLINES

Ms. ARGIROPOULOS. I just would like to point out that the four doctors who are accompanying me and myself are all from the airlines and are not associated with Dr. Reinhart.

Mr. DANIELSON. I assume these gentlemen are MD's?

Ms. ARGIROPOULOS. That is correct, sir. My name is Kathleen Argiropoulos. I am from the Air Transport Association of America

which represents most of the scheduled lines in the United States. We greatly appreciate the opportunity to appear here before you and to support H.R. 3203, the Good Samaritan Act.

ATA's interest in securing "good samaritan" legislation is not based on a large number of suits having been instituted against the air carriers. Nor is it premised on large dollar amounts being won by claimants. For, in fact, neither of these situations currently exist. What is of concern to ATA is the serious and growing potential that exists for negligence suits being instituted against the carriers. This means more than the possibility of consequential monetary loss for the air carrier. Of utmost importance, such suits hold the potential of lessening the emergency care provided to air travelers by carrier and licensed medical personnel alike. This, of course, is something the air carriers wish to avoid.

In this connection, it should be pointed out that the relief from liability provided in the bill does not extend to "any act or omission done with interest to cause damage or recklessly and with knowledge that damage would probably result." It is designed to cover emergency care rendered in good faith only.

Statistics provided by a representative sampling of our members demonstrate that from January 1976 to May of this year, approximately 1,500 medical emergencies occurred aboard aircraft. Of these, a total of 573 nonscheduled landings resulted. And 161 passengers died in flight.

I would like to note that these numbers are not at all indicative of an epidemic of in-flight emergencies but they are of course of a significant nature.

While the clinical causes of these medical emergencies vary widely, there are some dominant trends. According to data provided ATA by one trunk carrier, nearly 50 percent of the emergencies were cardiac-related, while 7 percent were categorized as cerebral episodes, 5 percent as respiratory and 4 percent drugs or alcohol-related. In a large number of cases—nearly 27 percent—the exact cause was not able to be pinpointed. This latter category would include, for example, an unconscious passenger, where the cause of such was not known.

These numbers are significant, and indicate that in-flight medical emergencies are varied and far from being unusual. These incident rates indicate that air carrier personnel and/or medically licensed passengers aboard aircraft will be frequently called upon to render emergency care. It is essential that assistance be given, free from the threat of lawsuit, which, even when totally spurious, is costly and time consuming.

It is also imperative that air travelers feel assured that such assistance as is practicable will be rendered. The air carriers are eager to provide this assurance, but they cannot force their employees nor expect their passengers to give assistance freely if there is a real potential for suit.

There can be no doubt the potential exists. In a currently pending case, a flight attendant rendered assistance to an elderly passenger. The passenger died, and the airline is now being sued for $100,000. Clearly, this flight attendant acted in good faith in attempting to save the passenger's life, but it is likely that he will be less than eager to again offer help as a result of the pending

lawsuit regardless of its outcome. This is the type of situation the air carriers wish to avoid. They want their employees to render care commensurate with their ability.

In another pending case, flight attendants provided emergency care to a passenger who blacked out during flight. Subsequent to the plane's landing, the passenger was treated by local paramedics. In the process of transporting the passenger for treatment, the paramedics dropped the stretcher carrying the passenger. Suit has been brought against the paramedics and the airline for negligent emergency care.

In a case arising in 1973, a major air carrier was sued for negligent and, alternatively, willful misconduct concerning the care provided to a passsenger in flight. The passenger began to cough while eating, and the flight attendants attempted to assist him by freeing his airway. The passenger's problem appeared to pass as the coughing ceased and his color returned to a more normal state. The passenger appeared calm and relaxed. A short time later, the flight attendant, noting the passenger's pale color and being unable to waken him, began resuscitative efforts, but the passenger had already died. Suit was brought against the carrier for an amount in excess of $2 million, but the matter was settled out of court for less than 10 percent of that amount.

There are pending cases in this area which, in ATA's opinion, reflects a growing tendency toward this type of negligence litigation. The air carriers support legislation which will assure that such litigation does not become commonplace because they are concerned over the effect it will have on the care provided to passengers, both by air carrier employees and the medical personnel on board.

The carriers want their employees to provide the best assistance possible, commensurate with their ability, and they also hope that traveling medical personnel will come forward willingly to provide emergency assistance. They wish to insure that the frequent assistance provided to the ill passenger, whether the illness be fainting, nausea, convulsions, respiratory insufficiency or cardiac-related, will continue as in the past. The Good Samaritan Act is viewed as insuring that this degree of care, which the traveling public has come to rely on, will continue.

Mr. DANIELSON. Thank you.

Do any of you wish to make a statement?

[The prepared statement of Dr. Harper follows:]

STATEMENT OF DR. C. RICHARD HARPER, VICE PRESIDENT—MEDICAL SERVICES, UNITED AIRLINES

Mr. Chairman, thank you for the opportunity to give you and this Committee some views of United Airlines on the "Good Samaritan" Bill (H.R. 3203).

This legislation, I believe, is urgently needed. United Airlines, for the four year period of 1976 through 1979 experienced an average of 440 inflight medical emergencies per year. During this period we made 177 non-scheduled landings for medical emergencies and there were 24 deaths which occurred during flight.

In reviewing these reports and talking with our crews who were involved with these medical emergencies, we have determined that, because of the potentially serious liability problem, there is too often reluctance on the part of our professional and paramedical passengers to assist the individuals in need of medical attention. Such a situation is indeed an unfortunate one, and I believe the "Good Samaritan" bill would significantly alleviate this hesitancy on the part of our passengers who are capable of handling such medical emergencies.

Most states now have "Good Samaritan" statutes which exempt some class of persons, who provide emergency medical care, from civil liability. Unfortunately, there is currently no uniformity in the existing legislation or in its application. Some states extend the exemption to "anyone" furnishing assistance, others limit the exemption to physicians, licensed in that state, and still others exempt physicians licensed in that state or "any other state or territory." However, very few specifically exempt nurses or paramedics.

This difficulty with the current "Good Samaritan" statutes is, at best, confusing when taken in the case of medical care on board a flight. Since any lawsuit instituted against those performing emergency medical services would be transitory in nature, if a legal proceeding takes place, the state where the legal proceedings are brought must elect the state law it will apply pursuant to the conflict of laws principle it adopts. This can obviously result in a lack of uniformity in the application of the law because medical personnel may be exempt from a civil suit for damages under one application of the law and subject to suit under another. This lack of uniformity, both in the law and in its application, has caused reluctance on the part of some to furnish medical assistance in emergencies.

The "Good Samaritan" bill will resolve most, if not all, of this, and I respectfully urge that you do whatever is in your power to promote and expedite this important legislation.

TESTIMONY OF DR. C. RICHARD HARPER, VICE PRESIDENT, MEDICAL SERVICES, UNITED AIRLINES

Dr. HARPER. I am Dr. C. Richard Harper, United Airlines. I would like to read this prepared statement if it is acceptable.

Mr. DANIELSON. If you have a prepared statement it will be received in the record. Now you may read it or hit the highlights as you please but it is in the record.

Dr. HARPER. Thank you. I would like to read it.

Mr. Chairman, thank you for the opportunity to give you and this committee some views of United Airlines on the good samaritan bill (H.R. 3203).

This legislation, I believe, is urgently needed. United Airlines, for the 4-year period of 1976 through 1979 experienced an average of 440 flight medical emergencies per year. During this period we made 177 nonscheduled landings for medical emergencies and there were 24 deaths which occurred during flight.

In reviewing these reports and talking with our crews who were involved with these medical emergencies, we have determined that, because of the potentially serious liability problem, there is too often reluctance on the part of our professional and paramedical passengers to assist the individuals in need of medical attention. Such a situation is indeed an unfortunate one, and I believe the good samaritan bill would significantly alleviate this hesitancy on the part of our passengers who are capable of handling such medical emergencies.

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This difficulty with the current good samaritan statutes is, at best, confusing when taken in the case of medical care onboard a flight. Since any lawsuit instituted against those performing emer-

gency medical services would be transitory in nature, if a legal proceeding takes place, the State where the legal proceedings are brought must elect the State law it will apply pursuant to the conflict of laws principle it adopts. This can obviously result in a lack of uniformity in the application of the law because medical personnel may be exempt from a civil suit for damages under one application of the law and subject to suit under another. This lack of uniformity, both in the law and in its application, has caused reluctance on the part of some to furnish medical assistance in emergencies.

The good samaritan bill will resolve most, if not all, of this, and I respectfully urge that you do whatever is in your power to promote and expedite this important legislation.

Mr. DANIELSON. Thank you, Dr. Harper.

Are there others who wish to be heard? Apparently not.

Mr. Moorhead?

Mr. MOORHEAD. It seems like there are two parts to this bill. First with respect to encouragement by this legislation of licensed volunteers to come in and help. The second thing covered is air carrier employees rendering such emergency care.

It would seem to me emergenices of this kind are fairly frequent in an airplane or that kind of transportation. They probably are covered by the carrier's insurance; the air carrier has to provide due care which is a type of care beyond the recklessly or acknowledged damage that would result if that is in the bill.

I think the airline employee should be above that particular standard. Putting this kind of language in the bill may or may not encourage volunteers, medical doctors, to come forth. But it does relieve the liability of the airline personnel themselves. If they are already covered by insurance, it would seem to me that the public would be well protected without bringing airline employees for this extra protection under this legislation.

I just wonder if you feel that this legislation would still be useful, if we did not immunize the airline employees but did immunize the licensed medical practitioners?

Ms. ARGIROPOULOS. The bill would have little interest to us if the air carrier employees were not covered. We regard the cabin crew as people who are trained in first aid. They are required to have this kind of training. Granted they are not doctors but they do receive training in providing assistance to sick or ill passengers. We believe that they should be encouraged to provide this kind of assistance. We believe that if the coverage is not extended to the airline employees, who are the most likely ones to be called upon, if not the only ones available—we do not usually have a situation such as Dr. Reinhart explained where we have five doctors on board—that the likelihood of meeting the goals of the legislation will be diminished.

Mr. DANIELSON. Does your insurance not cover the situation such as that? Does not United Airlines have an insurance policy that covers the attendants in that kind of situation?

Ms. ARGIROPOULOS. I think we would probably have to examine the various insurance policies. I could not speak definitively to that for the association as a whole. I would be happy to do that.

Mr. DANIELSON. I would appreciate that.

[The information follows:]

Air Transport Association ata OF AMERICA

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Phone (202) 626-4000

August 25, 1980

Ms. Janet Potts
Assistant Staff Counsel
Subcommittee on Administrative
Law and Governmental Relations
U.S. House of Representatives
Washington, DC 20515

Subject: H. R. 3203, the proposed "Good Samaritan Act".

Dear Janet,

Subsequent to the July 28 hearing and in response to particular inquiries from Congressman Moorehead, the members of the Air Transport Association were asked whether their individual insurance policies covered the actions of flight crew members in rendering medical care to ill/injured passengers. In addition, they were asked whether the insurance coverage specified a standard of care for the flight crew members.

To date, eleven air carriers, representing carriers of various sizes, have responded. Ten of the eleven carriers have insurance that would cover flight crew members rendering care to passengers for or on behalf of the employing air carrier. The other carrier has no such coverage.

None of the ten carriers with insurance coverage indicate that the insurance is limited by any standard of care on the part of the flight crew members.

In addition, the recent testimony on H. R. 3203 included a statement proposing certain medical equipment and supplies which should be carried on board scheduled U.S. airliners. There are a number of considerations which relate to the selection of such equipment.

The primary aspect should be that of dealing with a true life-threatening emergency. Anything else must be considered in the "nice to have but not absolutely essential" category. Life-threatening emergencies can be considered in essentially three broad categories: First, a cessation of breathing; second, a cessation of heart beat; and last, extreme bleeding.

The third case, extreme bleeding, is rather unlikely within a scheduled airliner. There have been instances of trauma, but these are sufficiently rare as to be largely dismissed from consideration. In any case, the immediate and correct action in such a situation is to take something large and as clean as possible (e.g., a tee-shirt, a pillow case, a woman's slip, etc.) and press it directly and firmly over the bleeding site. It should be held there continuously until arrival at a hospital or other location where definitive medical care can be rendered. This is a perfectly satisfactory means to deal with such trauma and once the pressure is used, there should be no difficulty in waiting until an aircraft has made a landing at some suitable airport.

The first two items, a cessation of breathing or heart beat, require the institution of closed-chest massage and mouth-to-mouth resuscitation. It must be done immediately and cannot wait for the aircraft to make an unscheduled landing. Further, any of us have all the equipment and tools we need to begin this technique. We have our hands and arms and our own respiratory muscles to perform these techniques. The American Heart Association says that it is counter-productive to waste time looking for a stethoscope, an airway, or other artificial aids. Too much valuable time is lost looking for these things instead of getting the CPR started right away. (Can you imagine someone in the forward part of a stretched DC-8, for example, trying to get to the back of the aircraft through an aisle filled with serving carts, passengers, etc., obtain medical equipment, and make his or her way back up through the same series of obstacles to attend to a passenger who has had a cardiac arrest?)

A stethoscope itself is essentially a diagnostic tool but it is seldom useful in a real acute emergency. To begin with, the normal ambient noise level within a jet airliner is such that the fine sounds which one tries to hear from a chest or heart are lost. In any case, physicians for years placed their ears directly on a chest prior to the development of the stethoscope.

The blood pressure cuff (sphygmomanometer) is helpful in determining blood pressure, although it is by no means foolproof either. The major blood pressure emergency, however, is shock. Any reasonably trained clinician should be able to recognize shock by the pale, clammy appearance of the person. Neither a blood pressure cuff nor a stethoscope should be necessary. A weak, thready, and shocky pulse can be felt. A cuff is not necessary to make that diagnosis. Almost without exception, the advocates of such equipment have never tried to use it in an aircraft.

An otoscope has been suggested. This is a device for looking at the ear drum. There is really no reason at all to have one of these for there are no life-threatening otological emergencies.

Hemostats and tourniquets have also been suggested. These are in the "nice to have" category but certainly not essential. As previously mentioned, direct

pressure will control almost all bleeding. The only people who use hemostats and tourniquets a great deal are surgeons and then they are used in operating and emergency rooms. A tourniquet is seldom necessary, but a belt could be used as a suitable substitute.

It is not necessary to do any suturing in-flight. Therefore, while bandaids have been shown to be very useful and most airliners carry an extra supply over and above that required by the FARs, skin sutures certainly don't fall into the emergency-supply category.

There are various bandage materials in all first aid kits aboard aircraft. Splints can be improvised very handily from the large quantities of magazines on board all airplanes. A rolled up magazine makes an excellent emergency splint.

The choise of medicines suggested at the July hearing is a curious one. There are some life-saving drugs which one might wish in acute cardiac or respiratory emergencies but sedatives and tranquilizers can hardly be considered in that class. Analgesics are also "nice to have" and may prevent some discomfort on the part of an injured passenger but they are not lifesaving drugs either, considered by themselves. The air carriers now carry large supplies of aspirin and tylenol which are excellent analgesics and quite safe to use and carry. Most stronger analgesics are restricted and fall into the narcotic category. No physician may dispense these without a Drug Enforcement Administration registration number. This, in turn, is geographically limited to his/her area of practice. It would be impractical to verify a physician's license in flight, therefore making the administration of restricted drugs most difficult. Finally, the carriage of restricted drugs brings with it the attendant problems of potential theft and abuse, and this is a major reason for the industry's opposition to any requirement to carry such drugs.

I trust that this information will be useful to the Subcommittee as it considers the "Good Samaritan Act".

Sincerely,

Kathleen O. Argiropoulos
Assistant Vice President - Law
and Secretary

CC: Phillip Jones

Mr. DANIELSON. I am not out to deny you have relief that would be beneficial and to which you are entitled, but I am concerned about changing the standard of care that airline personnel would be obligated to provide in this kind of situation. I do think there is an obligation of airline personnel to do everything they can to save life and be involved.

One other question I have, how many extra stops do you now make that you would not have to make if this legislation were in effect? Can you give me an estimate of the nonscheduled landings?

Dr. HARPER. I do not think that you could predict that. The nonscheduled landings are made in the best interests of the health of the afflicted passenger.

Mr. DANIELSON. In Dr. Harper's statement he said in the 4 years 1976 through 1979 they made 177 nonscheduled landings for medical emergencies. That would be an average of 44¼ a year.

The question is, How many of those could they avoid if they used this?

Dr. HARPER. I doubt seriously it would change much at all. We consider in a loose way the airplane in these situations to be an ambulance and when a significant medical emergency occurs, where the decision is made by the physicians on board or the captain or a nurse, that this person should be in competent medical or paramedical hands, the captain in almost every case decides to land at the nearest acceptable airport. So as far as the nonscheduled landings, I do not foresee a reduction.

Mr. MOORHEAD. I do not know whether you saw my point on that. The question is whether it is the obligation of the airline to train their personnel in normal procedures that would enable them to step in in most predictable emergencies and to be of assistance.

If you limited the obligation to those situations where except for any act or omission done with intent to cause damage or recklessly and with the knowledge that damage would probably result, they no longer have an obligation to use due care. The airline would no longer have that obligation in training that personnel. There is a reduced standard of care that is required for the passenger if we use language that goes that far.

That is what I am concerned about. I would like to work out that problem if we can.

Mr. DANIELSON. I have a few questions. Are all approved commercial aircraft carrying passengers trained in first aid?

Ms. ARGIROPOULOS. Yes. Federal air regulations require that all crewmembers, which would include the flight attendants and the cockpit crew, be trained in the use of first aid equipment.

Mr. DANIELSON. Is that an FAA regulation?

Ms. ARGIROPOULOS. Yes. It is FAR section 121.417.

Mr. DANIELSON. Counsel will please obtain a copy.

This applies to all crew, is that correct, flight deck as well as cabin attendants?

Ms. ARGIROPOULOS. That is correct, sir.

Mr. DANIELSON. Is there any airline employee aboard the aircraft that is on duty who would not be so trained?

Ms. ARGIROPOULOS. I do not believe so, no, sir.

Mr. DANIELSON. Does the regulation require refresher courses of any kind?

Ms. ARGIROPOULOS. Yes, sir. Federal air regulations do require that all flight crewmembers, again including cabin and cockpit members, be provided with recurrent training.

Mr. DANIELSON. So that is current regulation?

Ms. ARGIROPOULOS. That is correct, sir.

Mr. DANIELSON. Do you know if there is a prescribed course of first aid training or could I just tell somebody, be sure to peel the backing off before you put the band aid on and count that as training?

Ms. ARGIROPOULOS. There is not a prescribed training program per se. The regulations simply require the airlines to train these flight crews, and the carrier, therefore, does the training.

Mr. DANIELSON. I know the American Red Cross has some kind of first aid program where you can be licensed under it. Do you know if there is an equivalent standard?

Ms. ARGIROPOULOS. It is very similar. In order for the air carriers to meet the FAA requirements on training their personnel in this area, the FAA does have to approve the carrier's program, and my understanding is that most, if not all, of the carriers have adopted a program that is very similar, if not identical to, the Red Cross program.

Mr. DANIELSON. FAA approves the program?

Ms. ARGIROPOULOS. Yes.

Mr. DANIELSON. They are becoming a more responsible agency as they approach their demise. Perhaps it is not bad. At least there is a standard that has to be followed. They have even outlawed smoking cigars and pipes so they are modernizing.

One of you gentlemen, I believe you, Dr. Reinhart, referred to both equipment and architecture on the aircraft.

Dr. REINHART. Yes.

Mr. DANIELSON. On the subject of equipment are there any required types of equipment relating to first aid on an aircraft and what are they?

Dr. REINHART. As far as I know from our experience there were no particular devices available at that time except flasks of oxygen which were mobile and could be utilized. In the record I have listed what I feel, in consultation with one of our professors of surgery, would be a reasonable kit to be carried aboard aircraft.

Mr. DANIELSON. Let me interrupt. My question is: Is there such a regulation or are you speaking of a hope?

Dr. REINHART. Mine is a hope.

Ms. ARGIROPOULOS. Again, the Federal air regulations do require that all air carrier operators have first aid equipment on board their airplane.

Mr. DANIELSON. There must be a set of standards set up as to what constitutes first aid equipment?

Ms ARGIROPOULOS. That is correct.

Mr. DANIELSON. Can you give me that regulation?

Ms. ARGIROPOULOS. Yes. The citation is 14 CFR 121.309. Appendix A to that regulation spells out in more detail the contents of the kit.

Mr. DANIELSON. Counsel will obtain a copy of that.

[Section 121.309 concerning emergency equipment and the appendix A concerning first-aid kits are set out on page 112.]

Again I want to make it clear I am quite ignorant and I wish to remain ignorant on these items but I suppose that would include such basics as the oxygen, probably some type of bandaging equipment, I would hope a blood pressure tester.

Dr. HARPER. There is a separate requirement for the carriage of emergency oxygen for a sick or injured passenger.

Mr. DANIELSON. I thought there was no way to tell what the man's blood pressure was in Dr. Reinhart's testimony. I go to a lot of senior citizens meetings and some of them would like to take their blood pressure three or six times a day. These little devices do not look expensive—maybe they are—but I should think if you did have an occasion where it was desirable to check blood pressure that is a little blinking light that says we ought to have a blood pressure tester.

What I am getting at, if we are going to go into this sort of legislation, a concomitant is that there be some first aid equipment on the plane so that the internist, the M.D., the nurse, the paramedic, will at least be able to take the temperature and blood pressure and give them a whiff of oxygen. That is all I am talking about.

Does this 121.309 sub A tend to cover that pretty well, ma'am?

Ms. ARGIROPOULOS. Federal air regulations do not cover some of the specifics that you have mentioned in your list. For example, there is no requirement blood pressure equipment be carried on board aircraft. It does require a list of certain items and also tells the carrier that it can provide additional items in its list and the FAA will approve the list of first aid equipment.

Mr. DANIELSON. With your cooperation we would know where to look and we will obtain these regulations. It may be something beyond the jurisdiction of this committee but we can be obnoxious enough so they will remedy the situation.

Dr. REINHART. I think the point that I wanted to stress, Mr. Chairman, was that this particular legislation would be vital to, I think, encouraging utilization of whatever FAA——

Mr. DANIELSON. I understand that. I can assure you there is no one here who does not understand the purpose. I am just trying to find out how can we responsibly work up some legislation. You have made your point. I am just trying to get additional information.

One of the other things you said was architectural. What are you talking about there?

Dr. REINHART. The hope would be there would be a method, by which a draw curtain could sequester a patient who is sick or injured and also to permit him to lie down in a recumbent position. This particular patient was jacknifed in a double seat in the first class section, sitting up. There was no place to have him really stretch out and give him the privacy which we feel a sick or injured person deserves.

Mr. DANIELSON. You think that is quite desirable?

Dr. REINHART. Yes, I do.

Mr. DANIELSON. The stretching out might be essential. The privacy would be desirable?

Dr. REINHART. I guess one can see certain macabre circumstances with the 24 deaths occurring aboard.

Mr. DANIELSON. That is a point that should be considered. Is there anything else you have in mind for architecture?

Dr. REINHART. No.

Mr. DANIELSON. What you are thinking of is a facility so that the ailing person can be stretched out if that is desirable and that a degree of privacy be afforded. I should think that could be arranged rather easily.

One of the questions I had has been answered. Now I am going to ask a question I always wanted to ask. I am on an airplane quite too often and they always start off the flight telling you if something happens this thing will drop out of the ceiling or pop out of the seat in front of you. There is a mask, you strap it around your head, jam it over your face and then breath normally. Now, how do you do that?

To me that is absolutely incredible but I hear it twice a week.

Dr. WICK. I might like to answer that question. I submit that you have been breathing normally for many, many years and if you continue that procedure with that plastic mask over your face, things will go well for you.

Mr. DANIELSON. That is what has always worried me. I know how to breathe normally but I do not know whether I could do it with all that equipment.

Ladies and gentlemen, I appreciate your coming. I am ignorant enough that I do not know more questions to ask. However, as we work on this bill, we will just take the liberty of contacting you. I imagine you are the one to contact.

Ms. ARGIROPOULOS. Yes, sir. I would be most pleased to answer any questions you would have.

Mr. DANIELSON. We very much appreciate your help. I want to alleviate any concern you may have. We are not ignorant of the problem. Happily or unhappily all of us fly a good deal, and I think we want to be of help here. But most of us also practice law and we also know there is another side of the coin, as there usually is, that the person rendering the aid not be just given a carte blanche license to conduct any excursion he or she feels like doing. I do not think any of you want to do that either, but we have to draw the legislation quite carefully.

We thank you for coming. If any of you has another comment, it is welcome.

Apparently none. Thank you very much for a very interesting bit of information. The subcommittee will now stand adjourned subject to the call of the Chair.

[Whereupon the subcommittee was adjourned, subject to the call of the Chair, at 12:15 p.m.]

ADDITIONAL MATERIAL

Report No. 79-43 A 707/192

"GOOD SAMARITAN" LAWS

A Compilation of Statutes

by

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March 19, 1973

Updated February 6, 1979

HV 6251 A

The Congressional Research Service works exclusively for the Congress, conducting research, analyzing legislation, and providing information at the request of Committees, Members and their staffs.

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SUMMARY

Under the common law a person who gratuitously offered aid to another in peril was not protected from liability for the results of his rescue attempt. The risk of civil liability, especially medical malpractice suits, thus deterred many people from assisting in an emergency. Consequently, the State legislatures and the U.S. Congress for the District of Columbia have enacted statutes to grant varying degrees of immunity to "Good Samaritans." These statutes are set out in the following report.

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"GOOD SAMARITAN" LAWS
A COMPILATION OF STATUTES

Introduction

The Biblical story of the good Samaritan who took care of the wounded merchant on the road to Jericho after the priest and the Levite had passed by without offering to help was reflected in the common law of negligence in the United States.

> Those duties which are dictated merely by good morals, or by humane considerations are not within the domain of the law. Feelings of kindliness and sympathy may move the good Samaritan to minister to the needs of the sick and wounded at the roadside, but the law imposes no such obligation and suffering humanity has no legal complaint against those who "pass by on the other side," ... but a duty voluntarily assumed cannot be carelessly abandoned without incurring liability for injury resulting from the abandonment ... A person who voluntarily assumes the care of an injured person is charged with the duty of common or ordinary humanity to provide proper care and attention and may be held liable for a breach of that duty. (Underscoring supplied). 1/

The foregoing underscored statement came to be known as the "Good Samaritan" rule, and it was generally applied in the courts of this country until altered by state legislative enactments between 1959 and 1972.

No members of our society were more sensitive to the application of this doctrine than those of the medical profession; it was generally held:

> [A] physician who starts in to treat a patient and then neglects or abandons him is held liable in tort for breach of a duty undertaken.
>
> . . .
>
> The result of all this is that the good Samaritan who tries to help may find himself mulcted in damages, while the priest and the Levite who pass by on the other side go on their

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1/38 Am. Jur. Negligence Secs. 16 and 17.

> cheerful way rejoicing. It has been pointed out often enough that this in fact operates as a real and serious deterrent to the giving of needed aid. 2/

In May 1963, the Readers' Digest published an article by Paul W. Kearney, formerly a California legislator, entitled "Why Doctors Are Bad Samaritans," in which the author called attention to several cases where doctors had failed to volunteer help to accident victims in emergency circumstances. They included the case of the young woman skiing near Lake Tahoe, who fell and broke her leg and lay moaning in the snow for along time while several doctors on the same slope refused to identify themselves or offer aid. It was this and several other similar incidents which assertedly gave stimulus to the passage of the first so-called "Good Samaritan" law in California in 1959. 3/

Since then the other forty-nine States have passed similar statutes, and Congress has enacted one for the District of Columbia. The texts of the laws of the fifty States (and of the District of Columbia) which now have some form of "Good Samaritan" statute are compiled in this paper.

These laws, which are commonly referred to as "Good Samaritan" statutes, were passed to abrogate or modify the common law doctrine, to

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2/ Prosser, Law of Torts, 1964, pp. 335, 339.

3/ "Torts - California Good Samaritan Legislation: Exemption from Civil Liability While Rendering Emergency Aid," 51 Cal. L. Rev. 816 (1963).

the end, in general, that doctors (and in many instances, other persons) might voluntarily administer aid in emergency circumstances without incurring liability for civil damages so long as they acted in good faith and were not guilty of gross or willful negligence or other misconduct. The laws were calculated, of course, to encourage such persons to be "Good Samaritans." All of them, while differing in scope and other respects, were enacted, it has been said, because:

> A number of state legislatures have recently concluded that fear of civil liability, and of medical malpractice suits in particular, has probably deterred those who would otherwise administer emergency asaistance at the scene of an accident--especially physicians and other licensed medical workers. 4/

Although their original purpose was to immunize physicians from liability, the protection afforded by such laws has rapidly come to include, in many instances, nurses, dentiats, members of volunteer fire departments, veterinariana, or rescue squads, and, in an increasing number of states, all persons.

The laws vary so widely as to the persons to whom they grant such immunity from suit, the standard of care required of those to whom it is granted, the circumstances under which it wll be granted, and the scope or degree of immunity afforded, that it might be misleading to attempt to summarize or even to categorize them; reference should be made to the text of each statute as reproduced.

4/ "Legislation - Good Samaritan Protection," 18 Vanderbilt L. Rev. 323 (1964).

TEXTS OF "GOOD SAMARITAN" LAWS

Preceding the text in each instance is a reference to the statutory sources searched, which are the most recent published material available to us as of the date of this report. The date following the text indicates the date of the enactment or, if amended, its most recent amendment; and, where stated, the chapter number refers to the chapter of the State's session laws for that year.

ALABAMA

Code of Alabama 1975
1976 Alabama Acts

Ala. Code Tit. §6-5-332

Doctors, nurses, policemen, firemen, rescue squad members, etc., rendering first aid or emergency care at scene of accident, etc.

(a) When any doctor of medicine or dentistry, nurse, member of any organized rescue squad, member of any police or fire department, member of any organized volunteer fire department, Alabama-licensed emergency medical technician, intern or resident practicing in an Alabama hospital with training programs approved by the American Medical Association, Alabama state trooper or medical aidman functioning as a part of the military assistance to safety and traffic program, gratuitously and in good faith, renders first aid or emergency care at the scene of an accident, casualty or disaster to a person injured therein, he shall not be liable for any civil damages as a result of his acts or omissions in rendering such first aid or emergency care, nor shall he be liable for any civil damages as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person.

(b) Any member of the crew of a helicopter which is used in the performance of military assistance to safety and traffic programs and is engaged in the performance of emergency medical service acts shall be exempt from personal liability for any property damages caused by helicopter downwash or by persons disembarking from the helicopter.

(c) When any physician gratuitously advises medical personnel at the scene of an emergency episode by direct voice contact, to render medical assistance based upon information received by voice or biotelemetry equipment, such actions ordered taken by the physician to sustain life or reduce disability shall not be considered liable when such actions are within the established medical procedures. (Acts 1966, Ex. Sess., No. 253, p. 377; Acts 1975, No. 1233.)

1976 Ala. Acts, Act No. 675:

AN ACT

To exempt from civil liability members of organized volunteer fire departments who make efforts to preserve and protect any building and certain other property from fire.

Be It Enacted by the Legislature of Alabama:

Section 1. When any member of any volunteer nonprofit fire department gratuitously and in good faith enters any building, house or structure which is burning or endangered by fire and makes efforts to preserve and protect such property and any other property contained therein or located on the premises thereof, such member shall not be liable for any civil damages for such entering or as result of any acts or omissions in rendering such efforts, provided, however, that this action shall not apply to civil damages for wanton misconduct.

Section 2. All laws or parts of laws which conflict with this Act are repealed.

Section 3. This Act shall become effective immediately upon its passage and approval by the Governor, or upon its otherwise becoming a law.

Approved August 23, 1976.

ALASKA

Alaska Statutes 1962

1977 Cumulative Supplement

Alaska Stat. §09.65.090:

Civil liability for emergency aid. (a) A person at a hospital or any other location who renders emergency care or emergency counseling to an injured, ill, or emotionally distraught person who reasonably appears to the person rendering the aid to be in immediate need of emergency aid in order to avoid serious harm or death is not liable for civil damages as a result of an act or omission in rendering emergency aid.

(b) This section does not preclude liability for civil damages as a result of gross negligence or reckless or intentional misconduct. (§ 1 ch 82 SLA 1967; am § 1 ch 119 SLA 1971; am § 38 ch 102 SLA 1976)

ARIZONA

Arizona Revised Statutes 1956

1978 Cumulative Supplement

Ariz. Rev. Stat. §32-1471: **Physician and surgeon, nurse, ambulance attendant and driver, and any other person; emergency aid; nonliability**

A physician or surgeon, or a registered nurse, graduate nurse, or a professional nurse as defined in § 32-1601, licensed to practice as such in this state or elsewhere, or a licensed ambulance attendant, driver or pilot as defined in § 41-1831, or any other person who renders emergency care at a public gathering or at the scene of an emergency occurrence gratuitously and in good faith shall not be liable for any civil or other damages as the result of any act or omission by such person rendering the emergency care, or as the result of any act or failure to act to provide or arrange for further medical treatment or care for the injured persons, unless such person, while rendering such emergency care, is guilty of gross negligence.

Added Laws 1967, Ch. 131, § 1. As amended Laws 1972, Ch. 189, § 2, eff. May 22, 1972.

ARKANSAS

Arkansas Statutes Annotated 1947
Ark. Stats. Ann. (1957 Repl. Vol.)
1977 Cumulative Supplement

Ark. Stat. Ann. §72-624:

Acts or omissions of emergency care exempt from liability for civil damages.—Any person licensed as a physician and surgeon under the laws of the State of Arkansas, or any other person, who in good faith renders emergency care or assistance without compensation at the place of an emergency or accident, shall not be liable for any civil damages for acts or omissions in good faith.

(1963, ch. 46, Sec. 1)

CALIFORNIA

California Codes Annotated (West's 1962)
1977 Cumulative Supplement

Business and Professions Code

(Doctors and Other medical practitioners)

Cal. Bus. & Prof. §2144 (West):

Exemptions; emergency care; liability for acts or omissions

Nothing in this chapter prohibits service in the case of emergency, or the domestic administration of family remedies, nor does this chapter apply to any commissioned medical officer in the United States Army, Navy, or Marine hospital, or public health service, in the discharge of his official duties, nor to any licensed dentist when engaged exclusively in the practice of dentistry.

No person licensed under this chapter, who in good faith renders emergency care at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care.

(Added by Stats.1937, c. 414, p. 1377. Amended by Stats.1969, c. 1507, p. 3796, § 1.)

Cal. Bus. & Prof. §2144.5 (West):

(a) A physician or podiatrist shall not be liable for damages for injury or death caused in an emergency situation occurring in the physician's or podiatrist's office or in a hospital on account of a failure to inform a patient of the possible consequences of a medical procedure where the failure to inform is caused by any of the following:

(1) The patient was unconscious.

(2) The medical procedure was undertaken without the consent of the patient because the physician or podiatrist reasonably believed that a medical procedure should be undertaken immediately and that there was insufficient time to fully inform the patient.

(3) A medical procedure was performed on a person legally incapable of giving consent, and the physician podiatrist reasonably believed that a medical procedure should be undertaken immediately and that there was insufficient time to obtain the informed consent of a person authorized to give such consent for the patient.

(b) This section is applicable only to actions for damages for injuries or death arising because of a physician's or podiatrist's failure to inform, and not to actions for such damages arising because of a physician's or podiatrist's negligence in rendering or failing to render treatment.

(c) As used in this section:

(1) "Physician" means a person licensed as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, or as a physician and surgeon pursuant to the Osteopathic Initiative Act.

(2) "Podiatrist" means a person licensed as a podiatrist pursuant to Article 10 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code.

(3) "Emergency situation occurring in a hospital" means a situation occurring in a hospital, whether or not it occurs in an emergency room, requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death.

(4) "Hospital" means a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(5) "Emergency situation occurring in the physician's or podiatrist's office" means a situation occurring in an office, other than a hospital, used by the physician or podiatrist for the examination or treatment of patients, requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death.

(Added by Stats. 1969, c. 989, p. 1959, §1. Amended by Stats. 1977, c. 668, p. 2096, §1.)

(Nurses)

Cal. Bus. & Prof. Code §2727.5 (West):

Emergency care, immunity from liability; gross negligence.--A person licensed under this chapter who in good faith renders emergency care st the scene of an emergency which occurs outside both the place and the course of her employment shsll not be liable for any civil damages as the result of acts or omissions by such person in rendering the emergency care.

This section shall not grant immunity from civil damages when the person is grossly negligent. (1963, ch. 698, Sec. 1).

(Vocational Nurses)

Cal. Bus. & Prof. Code §2861.5 (West):

Emergency care; civil liability

A person licensed under this chapter who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of his employment shall not be liable for any civil damages as the result of acts or omissions in rendering the emergency care. This section shall not be construed to grant immunity from civil damage to any person whose conduct in rendering emergency care is grossly negligent.
(Added by Stats.1974, c. 894, p. 1788, § 1.)

Cal. Bus. & Prof. Code §4840.6 (West):

Liability for damages; emergency services

Any animal health technician registered in this state who in good faith renders emergency animal health care at the scene of the emergency, or his employing veterinarian or agency authorized under Section 4840.9, shall not be liable for any civil damages as the result of acts or omissions by such animal health technician rendering the emergency care. This section shall not grant immunity from civil damages when the animal health technician is grossly negligent.
(Added by Stats.1974, c. 1223, p. 2650, § 1.)

Health and Safety Code

Cal. Health & Safety Code §1317 (West):

Emergency services; liability of rescue team

Emergency services and care shall be provided to any person requesting such services or care, or for whom such services or care is requested, for any condition in which the person is in danger of loss of life, or serious injury or illness, at any health facility licensed under this chapter that maintains and operates an emergency department to provide emergency services to the public when such health facility has appropriate facilities and qualified personnel available to provide such services or care.

Neither the health facility, its employees, nor any physician, dentist, or podiatrist shall be held liable in any action arising out of a refusal to render emergency services or care if reasonable care is exercised in determining the condition of the person, or in determining the appropriateness of the facilities, the qualifications and availability of personnel to render such services.

Emergency services and care shall be rendered without first questioning the patient or any other person as to his ability to pay therefor, provided that the patient or his legally responsible relative or guardian shall execute an agreement to pay therefor or otherwise supply insurance or credit information promptly after the services are rendered.

If a health facility subject to the provisions of this chapter does not maintain an emergency department, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists and shall direct the persons seeking emergency care to a nearby facility which can render the needed services, and shall assist the persons seeking emergency care in obtaining such services, including transportation services, in every way reasonable under the circumstances.

No act or omission of any rescue team established by any health facility licensed under this chapter, or operated by the federal or state government, a county, or by the Regents of the University of California, done or omitted while attempting to resuscitate any person who is in immediate danger of loss of life shall impose any liability upon the health facility, the officers, members of the staff, nurses, or employees of the health facility, including, but not limited to the members of the rescue team, or upon the federal or state government or a county, if good faith is exercised.

"Rescue team," as used in this section, means a special group of physicians and surgeons, nurses, and employees of a health facility who have been trained in cardiopulmonary resuscitation and have been designated by the health facility to attempt, in cases of emergency, to resuscitate persons who are in immediate danger of loss of life.

This section shall not relieve a health facility of any duty otherwise imposed by law upon the health facility for the designation and training of members of a rescue team or for the provision or maintenance of equipment to be used by a rescue team.

(Added by Stats.1973, c. 1202, p. 2575, § 2.)

Government Code

Cal. Gov't Code §8659 (West):

> Physicians, surgeons, hospitals, nurses and dentists; Immunity from liability for services requested; exception
>
> Any physician or surgeon (whether lincensed in this state or any other state), hospital, nurse, or dentist who renders services during any state of war emergency, a state of emergency, or a local emergency at the express or implied request of any responsible state or local official or agency shall have no liability for any injury sustained by any person by reason of such services, regardless of how or under what circumstances or by what cause such injuries are sustained; provided, however, that the immunity herein granted shall not apply in the event of a willful act or omission.
> (Added by Stats. 1970, c. 1454, p. 2865, §2. Amended by Stats. 1974, c. 1158, p. 2466, §4.

Cal. Gov't Code §50086 (West):

> § 50086. Emergency services; immunity from civil damages; definition
>
> No person who is summoned by a county sheriff, city police department, fire department, park ranger, or other local agency to voluntarily assist in a search or rescue operation, who possesses first aid training equivalent to the Red Cross advanced first aid and emergency care training standards, and who in good faith renders emergency services to a victim prior to or during the evacuation of extrication of the victim, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering such emergency services.
>
> For the purposes of this section, "emergency services" includes, but is not limited to, first aid and medical services, rescue procedures, and transportation or other related activities necessary to insure the safety of the victim who is the object of the search or rescue operation.
> (Added by Stats.1978, c. 1086, p. 3607, § 1.)

Harbors and Navigation Code

Cal. Harb. & Nav. Code §656 (West):

> Collision, accident or other casualty; assistance and information; liability; report; use or evidence; restricted disclosures; application to certain vessels
>
> (a) It shall be the duty of the operator of a vessel involved in a collision, accident or other casualty, so far as he can do so without serious danger to his own vessel, crew, and passengers, to render to other persons affected by the collision, accident or other casualty such assistance as may be practicable and as may be necessary in order to save them from or minimize any danger caused by the collision, accident or other casualty, and also to give his name, address, and identification of his vessel in writing to any person injured and to the owner of any property damaged in the collision, accident or other casualty.

(b) Any person who complies with subdivision (a) or who gratuitously and in good faith renders assistance at the scene of a vessel collision, accident, or other casualty without objection by any person assisted shall not be held liable for any civil damages sought as a result of the rendering of assistance or for any act or omission in providing or arranging salvage, towage, medical treatment, or other assistance, where the assisting person has acted as an ordinary, reasonably prudent man would have acted under the same or similar circumstances.

* * * * * *

(f) The provisions of this section shall apply to foreign vessels, military or public recreational-type vessels, vessels owned by a state or subdivision thereof, and ship's lifeboats otherwise excmpted from the provisions of this chapter pursuant to Section 650.1.

(Added by Stats.1959, c. 1454, p. 3340, § 1. Amended by Stats.1961, c. 1606, p. 3435, § 4; Stats.1963, c. 1619, p. 3211, § 2; Stats.1966, 1st Ex. Sess., c. 61, p. 465, § 8; Stats.1971, c. 974, p. 1886, § 2; Stats.1972, c. 797, p. 1419, § 1; Stats.1973, c. 930, p. 1722, § 3, eff. Sept. 30, 1973; Stats.1976, c. 744, § 9.)

COLORADO

Colorado Revised Statutes 1973
1976 Cumulative Supplement

Colo. Rev. Stat. §13-21-108:

Emergency care or assistance. (1) Any licensed doctor of medicine, osteopathy, or dentistry or any licensed nurse, whether licensed in this state or in any other state, who in good faith volunteers his services in time of individual or general emergencies along the highway or at public places shall not be liable for civil damages for good faith acts or omissions in the performance of such emergency care or assistance; except that this immunity shall not apply in the event such care consists of a wanton or reckless disregard of the injured party's rights and safety.

(2) The protection afforded by subsection (1) of this section is extended to first aid specialists certified by the American red cross or the United States bureau of mines who render first aid services at work sites pursuant to an occupational safety and health standard promulgated by the occupational safety and health standards board.

Source: Amended, L. 75, p. 285, § 21.

Colo. Rev. Stat. §12-64-118:

> **Emergency care or treatment.** Any licensed veterinarian who, along a highway or at any public place, in good faith administers emergency care or treatment to an animal, either voluntarily or at the request of any state or local governmental officer or employee, shall not be liable for civil damages for good faith acts in the administration of such care or treatment. This immunity shall not apply in the event of such a wanton or reckless disregard of the rights of the owner of such animal.
>
> **Source:** L. 73, p. 1517, § 15; C.R.S. 1963, § 145-1-19.

CONNECTICUT

Connecticut General Statutes Annotated (1958)
1978 Cumulative Supplement

Conn. Gen. Stat. Ann. §52-557b (West):

> **Immunity from liability for emergency medical assistance or first aid**
>
> No person licensed to practice medicine and surgery under the provisions of chapter 370 [1] or dentistry under the provisions of section 20-106 or members of the same professions licensed to practice in any other state of the United States, and no person licensed as a registered nurse under section 20-93 or 20-94 or certified as a licensed practical nurse under section 20-96 or 20-97, and no medical technician or any person operating a cardiopulmonary resuscitator or any person trained in cardiopulmonary resuscitation in accordance with the standards set forth by the American Red Cross or American Heart Association, who, voluntarily and gratuitously and other than in the ordinary course of his employment or practice, renders emergency medical or professional assistance to a person in need thereof, and no paid or volunteer fireman or policeman, and no teacher or other school personnel, on the school grounds or in the school building or at a school function, and no member of a ski patrol, and no lifeguard, and no conservation officer, patrolman or special policeman of the department of environmental protection, and no ambulance personnel, which fireman, policeman, teacher or other school personnel, ski patrol member, lifeguard, conservation officer, patrolman or special policeman of the department of environmental protection or ambulance personnel has completed a course in first aid offered by the American Red Cross, the American Heart Association, the state department of health or any municipal health department, as certified by the agency offering such course, who renders emergency first aid to a person in need thereof, shall be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency care or first aid, which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful or wanton negligence.
>
> (1969, P.A. 305; 1967, P.A. 288; 1967, P.A. 878; 1969, P.A. 785; 1971, P.A. 720; 1975, P.A. 75-182; 1975, P.A. 75-456, § 1, eff. June 26, 1975; 1977, P.A. 77-235; 1977, P.A. 77-340, § 3.)
>
> [1] Section 20-8 et seq.

DELAWARE

Delaware Code Annotated (Revised 1974)
1977 Cumulative Supplement

(Doctors and Osteopaths)

Del. Code Tit. 24, §1767:

Emergency care at the scene of the emergency

No person licensed under this chapter, who in good faith renders emergency care at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. (Del. C. 1953, §1767; 54 Del. Laws. C. 225.)

Del. Code tit. 16, §§6801-6802: Good Samaritan Act.

Any person, who in good faith gratuitously renders emergency care at the scene of an accident or emergency to a victim thereof, shall not be liable for any civil damages for any personal injury resulting from an act or omission by the person rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except acts or omissions amounting to gross negligence or willful or wanton misconduct.

The exemptions from civil liability provided by this chapter shall not apply to the administering of such care where the same is rendered for remuneration or with the expectation of remuneration, or is rendered by any person or agent of a principal who was at the scene of the accident or emergency because he or his principal was soliciting business or performing or seeking to perform emergency care services for remuneration. (16 Del. C. 1953, § 6801; 58 Del. Laws, c. 105; 59 Del. Laws, c. 361, § 1.)

§6802:

Exempting nurses from civil liability in rendering emergency care.

Any registered nurse or any licensed practical nurse, licensed as such by any state, who in good faith renders emergency care at the scene of any emergency or who undertakes to transport any victim thereof to the nearest medical facility shall not be liable for any civil damages as a result of any act or omission in rendering the emergency care; provided, however, such act or omission is not grossly negligent or intentionally designed to harm the victim. (59 Del. Laws, c. 266, § 1.)

FLORIDA

Florida Statutes Annotated 1964
1977 Cumulative Supplement

Fla. Stat. Ann. §401.36-37 (West):

Liability [Repealed by Laws 1980, c. 79-402, § 3, eff. July 1, 1982. See § 11.61]

No act or omission of any physician-trained mobile rescue paramedic, ambulance attendant or ambulance driver, done or omitted in good faith while rendering emergency medical service under the responsible supervision and control of a licensed physician to a person who is deemed by them to be in immediate danger of serious injury or loss of life, shall impose any liability upon the licensee, ambulance attendant, ambulance driver, or supervising physician; upon any hospital; or upon a federal, state, county, city or other local government unit or its employees. This section does not relieve the licensee, an attendant, driver, physician or hospital from liability while rendering such emergency care if such licensee, attendant, driver, physician or hospital is guilty of negligence.
Laws 1973, c. 73-126, § 17, eff. Oct. 1, 1973.

401.37 Consent [Repealed by Laws 1979, c. 79-402, § 3, eff. July 1, 1982. See § 11.61]

No licensee, ambulance attendant, driver, physician, or hospital licensed in this state shall be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital or health services to any individual regardless of age when the patient is unable to give his consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care.
Laws 1973, c. 73-126, § 18, eff. Oct. 1, 1973.

Fla. Stat. Ann. §768.13 (West):

Good Samaritan act; immunity from civil liability.

(1) This act shall be known and cited as the Good Samaritan act.

(2) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent man would have acted under the same or similar circumstances. (1965, ch. 65-313, Sec. 1, 2)

GEORGIA

Georgia Code Annotated 1975 Revision

Ga. Code Ann. §84-930:

Relief from civil liability of practitioners rendering emergency care. - Any person, including those licensed to practice medicine and surgery pursuant to the provisions of this Chapter, and including any person licensed to render service ancillary thereto who in good faith renders emergency care at the scene of an accident or emergency to the victim or victims thereof without making any charge therefor, shall not be liable for any civil damages as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person. (1962, ch. 852, Sec. 1)

HAWAII

Hawaii Revised Statutes 1968
1975 Cumulative Supplement

Haw. Rev. Stat. §663-1.5:

Exception to liability. (a) Any person who in good faith renders emergency care, without remuneration or expectation of remuneration, at the scene of an accident or emergency to a victim of the accident or emergency shall not be liable for any civil damages resulting from his acts or omissions, except for such damages as may result from his gross negligence or wanton acts or omissions.

(b) No act or omission of any rescue team operating in conjunction with a hospital or an authorized emergency vehicle of the hospital or the State or county, while attempting to resuscitate any person who is in immediate danger of loss of life, shall impose any liability upon the rescue team or the owners or operators of such hospital or authorized emergency vehicle, if good faith is exercised.

For the purposes of this section, "rescue team" means a special group of physicians, surgeons, nurses, volunteers, or employees of the owners or operators of the hospital or authorized emergency vehicle who have been trained in cardio-pulmonary resuscitation and have been designated by the owners or operators of the hospital or autho-

Hawaii (cont'd.)

rized emergency vehicle to attempt to resuscitate persons who are in immediate danger of loss of life in cases of emergency.

This section shall not relieve the owners or operators of the hospital or authorized emergency vehicle of any other duty imposed upon them by law for the designation and training of members of a rescue team or for any provisions regarding maintenance of equipment to be used by the rescue team or any damages resulting from gross negligence or wanton acts or omissions. [L 1969, c 80, §1; am L 1974, c 44, §1]

IDAHO

Idaho Code Annotated 1947
1977 Cumulative Supplement

Idaho Code §5-330

Immunity of persons giving first aid from damage claim. — That no action shall lie or be maintained for civil damages in any court of this state against any person or persons, or group of persons, who in good faith, being at, or stopping at the scene of an accident, offers and administers first aid or medical attention to any person or persons injured in such accident unless it can be shown that the person or persons offering or administering first aid, is guilty of gross negligence in the care or treatment of said injured person or persons or has treated them in a grossly negligent manner. The immunity described herein shall cease upon delivery of the injured person to either a generally recognized hospital for treatment of ill or injured persons, or upon assumption of treatment in the office or facility of any person undertaking to treat said injured person or persons, or upon delivery of said injured person or persons into custody of an ambulance attendant. [1965, ch. 241, § 1, p. 591.]

Idaho Code §5-331:

Immunity of volunteer ambulance attendant. — No action shall lie or be maintained for civil damages in any court of this state against any person or persons, or group of persons, including volunteer ambulance attendants, who offers and administers first aid or emergency medical attention as a part of his volunteer service as an ambulance attendant to any person or persons utilizing the volunteer services and facilities, unless it can be shown that the person or persons offering or administering first aid or emergency medical attention is guilty of gross negligence in the care or treatment offered or administered, or has treated them in a grossly negligent manner. The immunity described herein shall cease upon delivery of the injured or treated person to either a generally recognized hospital for treatment of ill or injured persons, or upon assumption of treatment in the office or facility of any person undertaking to treat said ill or injured person or persons. [I. C., § 5-331, as added by 1976, ch. 186, § 1, p. 673.]

ILLINOIS

Illinois Annotated Statutes (Smith-Hurd 1966)
1978 Cumulative Supplement

Ill. Stat. Ann. ch. 70 §61 (Smith-Hurd):

Liability in absence of wilful and wanton misconduct

Any law enforcement officer or fireman as defined in Section 2 of the "Law Enforcement Officers and Firemen Compensation Act",[1] who in good faith provides emergency care without fee to any person shall not, as a result of his acts or omissions, except wilful and wanton misconduct on the part of such person, in providing such care, be liable to a person to whom such care is provided for civil damages.
P.A. 77-1377, § 1, eff. Aug. 31, 1971.

[1] Chapter 48, § 282.

(Doctors)

Ill. Stat. Ann. ch. 91, §2a (Smith-Hurd):

Emergency care of injured persons—Exemption from civil liability

Any person licensed pursuant to this Act or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, except a person licensed to practice midwifery, who in good faith and without prior notice of the illness or injury provides emergency care without fee to a person, shall not, as a result of his acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such care, be liable for civil damages.
Amended by P.A. 76-1205, § 1, eff. Sept. 11, 1969; P.A. 78-385, § 1, eff. Aug. 23, 1973.

Ill. Stat. Ann. ch. 91, §2a.1 (Smith-Hurd):

Free medical clinic—Exemption from liability—Posting notice

Any person licensed pursuant to this Act or any person licensed to practice the treatment of human ailments in any other state or territory of the United States, except a person licensed to practice midwifery, who in good faith provides medical treatment, diagnoses or advice as a part of the services of an established free medical clinic and who receives no fee or compensation either from that source or from any other business or professional activity connected in any way with medicine or the treatment of human ailments, shall not, as a result of his acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such medical treatment, diagnoses or advice, be liable for civil damages.

The provisions of this Section shall not apply in any case unless the free medical clinic has posted in a conspicuous place on its premises an explanation of the exemption from civil liability provided herein.
Laws 1923, p. 436, § 2a.1, added by P.A. 80-785, § 1, eff. Oct. 1, 1977.

(Nurses)

Ill. Stat. Ann. ch. 91, §34.33a (Smith-Hurd):

Emergency care--exemption from civil liability.

Any person licensed pursuant to this Act or any person licensed as a professional nurse in any other state or territory of the United States who in good faith provides emergency care without fee to a victim of an accident at the scene of an accident or in case of nuclear attack shall not, as a result of his acts or omissions, except for wilful or wanton misconduct on the part of such person, in providing such care, be liable for civil damages.
1951, June 14, Laws 1951, p. 318, § 2a, added by 1967, July 28, Laws 1967, p. 2073, § 1. Amended by P.A. 78-1207, § 1, eff. Sept. 11, 1973.

Ill. Stat. Ann. ch. 91, §69a (Smith-Hurd):

Emergency care--Exemption from civil liability

Any person licensed to practice dentistry or dental surgery, or any branches thereof, pursuant to this Act or to an Act of any other state or territory of the United States who in good faith provides emergency care without fee to a victim of an accident at the scene of an accident or in case of nuclear attack shall not, as a result of his acts or omissions, except wilful or wanton misconduct on the part of such person, in providing such care, be liable for civil damages.
Amended by P.A. 78-1206, § 1, eff. Sept. 11, 1973.

Ill. Stat. Ann. ch. 111 1/2, §86.5 (Smith-Hurd):

Liability for civil damages

(a) No physician or nurse who in good faith gives emergency instructions to mobile intensive care personnel who are at the scene of an emergency or who are transporting a patient to a hospital nor any mobile intensive care personnel following such instructions shall be liable for any civil damages as a result of issuing or following the instructions, unless issuing or following the instructions constitutes willful and wanton misconduct.

Laws 1927, p. 403, § 1.4, added by P.A. 77-2295, § 1, eff. Aug. 13, 1972. Amended by P.A. 78-1271, § 1, eff. Dec. 30, 1974.

INDIANA

Indiana Statutes Annotated (Burns 1973)
1977 Cumulative Supplement

Ind. Code Ann. §34-4-12-1,2 (Burns):

> **No civil liability for giving aid in emergency —Exceptions.**—Any person, who in good faith gratuitously renders emergency care at the scene of an accident or emergency care to the victim thereof, shall not be liable for any civil damages for any personal injury as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except acts or omissions amounting to gross negligence or wilful or wanton misconduct. [Acts 1963, ch. 319, § 1, p. 763; 1971, P. L. 447, § 1, p. 2079.]

> **34-4-12-2. Cardiopulmonary resuscitation — No civil liability — Exceptions.** — No act or omission of any person who has successfully completed a course of training in cardiopulmonary resuscitation according to the standards recommended by the Division of Medical Sciences, National Academy of Sciences — National Research Council, while attempting to administer cardiopulmonary resuscitation, without pecuniary charge, to any person who is an apparent victim of acute cardiopulmonary insufficiency shall impose any liability upon the person so attempting the resuscitation; Provided, however, That this chapter [34-4-12-1, 34-4-12-2] shall not apply to acts or omissions amounting to gross negligence or wilful or wanton misconduct. [IC 1971, 34-4-12-2, as added by Acts 1973, P.L. 318, § 1, p. 1731.]

IOWA

Iowa Code Annotated 1946
1978 Cumulativa Supplement

Iowa Code Ann. §613.17 (West):

> Any person, who in good faith renders emergency care or assistance without compensation at the place of an emergency or accident, shall not be liabla for any civil damages for acts or omissions unless such acts or omissions constitute recklessness. (1969, ch. 292, Sec. 1)

KANSAS

Kansas Statutes Annotated 1972
1977 Cumulative Supplement

Kan. Stat. Ann. §65-2872(a):

65.2872. Persons not engaged in the practice of the healing arts. The practice of the healing arts shall not be construed to include the following persons:

(a) Persons rendering gratuitous services in the case of an emergency.

* * * * * *

(K.S.A. 64-2872; L. 1976, ch. 273, §33; L. 1976, ch. 276, §2; July 1.)

Kan. Stat. Ann. §6-2891:

Emergency care or assistance at scene of an emergency or accident by certain person; liability; standards of care applicable. (a) Any health care provider who in good faith renders emergency care or assistance at the scene of an emergency or accident including treatment of a minor without first obtaining the consent of the parent or guardian of such minor shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(b) Any health care provider may render in good faith emergency care or assistance, without compensation, to any minor requiring such care or assistance as a result of having engaged in competitive sports, without first obtaining the consent of the parent or guardian of such minor. Such health care provider shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(c) Any health care provider may in good faith render emergency care or assistance during an emergency which occurs within a hospital or elsewhere, with or without compensation, until such time as the physician employed by the patient or by his or her family or by his or her guardian assumes

responsibility for such patient's professional care. The health care provider rendering such emergency care shall not be held liable for any civil damages other than damages occasioned by negligence.

(d) Any provision herein cootained notwithstanding, the ordinary standards of care and rules of negligence shall apply in those cases whereio emergency care and assistance is rendered in any physician's or dentist's office, clinic, emergency room or hospital with or without compensation.

(e) As used in this section the term "health care provider" shall mean any person licensed to practice any branch of the healing arts, licensed dentist, licensed optometrist, licensed professional nurse, licensed practical nurse, registered podiatrist, registered pharmacist and registered physical therapist, and any physician's assistant who has successfully completed an American medical association apprnved training program and has successfully completed the national board examination for physicians' assistants of the American board of medical examiners, any person whn has successfully completed an approved emergency service program as defined by K.S.A 1977 Supp. 65-2891a, any mobile intensive care technician who has successfully completed an approved training program required by K.S.A. 1977 Supp. 65-4308, any person who holds a valid certificate for the successful completion of a course io first aid offered by the American red cross, by the American heart association or by the mining enforcement and safety admtoistration of the bureau of mines of the department of interior and any person engaged in a postgraduate traioing program approved by the state board of healing arts.

History: K.S.A. 65-2891; L. 1973, ch. 252, § 1; L. 1975, ch. 326, § 1; L. 1976, ch. 277, § 1; L. 1977, ch. 220, § 1; July 1.

KENTUCKY

Kentucky Revised Statutes
1976 Cumulative Supplement

Ky. Rev. Stat. §411.148:

Nonliability of licensees and certified technicians for emergency care.—(1) No physician licensed under KRS chapter 311, registered or practical nurse licensed under KRS chapter 314, or person certified as an emergency medical technician by the Kentucky department for human resources shall be liable in civil damages for administering emergency care or treatment at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment excluding house calls, for acts performed at the scene of such emergency, unless such acts constitute wilful or wanton misconduct.

(2) Nothing in this section applies to the administering of such care or treatment where the same is rendered for remuneration or with the expectation of remuneration. (Enact. Acts 1972, ch. 35, § 1; 1974, ch. 74, Art. VI, § 107(11).)

LOUISIANA

Louisiana Revised Statutes Annotated (West)
1977 Cumulative Supplement

La. Rev. Stat. Ann. §9:2793 (West):

Gratuitous service at scene of emergency; limitation on liability

A. No person who in good faith gratuitously renders emergency care, first aid or rescue at the scene of an emergency, or moves a person receiving such care, first aid or rescue to a hospital or other place of medical care shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the said emergency; provided, however, such care or services or transportation shall not be considered gratuitous, and this Section shall not apply when rendered incidental to a business relationship, including but not limited to that of employer-employee, existing between the person rendering such care or service or transportation and the person receiving the same, or when incidental to a business relationship existing between the employer or principal of the person rendering such care, service or transportation and the employer or principal of the person receiving such care, service or transportation. This Section shall not exempt from liability those individuals who intentionally or by grossly negligent acts or omissions cause damages to another individual.

B. The immunity herein granted shall be personal to the individual rendering such care or service or furnishing such transportation and shall not inure to the benefit of any employer or other person legally responsible for the acts or omissions of such individual, nor shall it inure to the benefit of any insurer.

Added by Acts 1975, No. 600, § 1.

La. Rev. Stat. Ann. §37:1731 (West):

Gratuitous service at scene of emergency; limitation on liability

No physician or surgeon licensed under the provisions of Chapter 15 of this Title, or nurses licensed under the provisions of Chapter 11 of this Title who in good faith gratuitously renders emergency care or services at the scene of an emergency, except in a public or private hospital of this State, to a person or persons in need thereof shall be liable for any civil damages as a result of any act or omission by such person in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person invoived in the said emergency.

Any physician, surgeon or member of the medical profession who is not licensed to practice medicine in Louisiana but who holds a valid license to practice medicine in any other state of the United States who gratuitiously renders care or services at the scene of an emergency as herein provided shall not be charged with violation of the Louisiana Medical Practice Act.

Acts 1964, No. 46, § 1.

La. Rev. Stat. Ann. §37-1732:

Immunity from liability for emergency medical assistance or first aid

A. Any fireman, policeman or member of an ambulance or rescue squad who holds a valid current certification by the American Red Cross, L.S.U. Fireman Training Rescue Program or United States Bureau of Mines, who renders emergency care, first aid or rescue while in the performance of his duties at the scene of an emergency, or moves a person receiving such care, first aid or rescue to a hospital or other place of medical care shall not be individually liable to such person for civil damages as a result of acts or omissions in rendering the emergency care, first aid, rescue or movement of such person receiving same to a hospital or other place of medical care except for acts or omissions intentionally designed to harm or grossly negligent acts or omissions which result in harm to such person, but nothing herein shall relieve the driver of an ambulance or other emergency or rescue vehicle from liability arising from the operation or use of such vehicle.

B. The immunity herein granted to a fireman, policeman or member of an ambulance or rescue squad in accordance with Subsection (A) of this section shall be personal to him and shall not inure to the benefit of any employer or other person legally responsible for the acts or omissions of such fireman, policeman or member of an ambulance or rescue squad nor shall it inure to the benefit of any insurer, except that no parish governing authority engaged in rendering ambulance services nor its insurer with respect to such ambulance services shall be liable for the act or omission of any member of any ambulance squad employed by it unless such individual would be personali[illegible] rovisions of Subsection (A) hereof.

C. In order for any fireman, policeman or member of an ambulance or rescue squad to receive the benefit of the exemption from civil liability provided for herein, he must first have taken and successfully completed the standard first aid course recognized or approved by the American Red Cross or the United States Bureau of Mines or the L.S.U. Fireman Training Rescue Program and further he shall have a valid certification from the Red Cross or the United States Bureau of Mines or the L.S.U. Fireman Training Rescue Program that he has successfully completed any necessary training or refresher courses, or shall have successfully completed a first aid course having standards at least equal to the standard first aid course recognized or approved by the American Red Cross or the United States Bureau of Mines or the L.S.U. Fireman Training Rescue Program.

Added by Acts 1972, No. 339, § 1.

MAINE

Maine Revised Statutes Annotated 1964
1977 Cumulative Supplement

Me. Rev. Stat. Ann. tit. 14, §164:

Immunity from civil liability

Notwithstanding any inconsistent provisions of any public or private and special law, any person who voluntarily, without the expectation of monetary or other compensation from the person aided or treated, renders first aid, emergency treatment or rescue assistance to a person who is unconscious, ill, injured or in need of rescue assistance, shall not be liable for damages for injuries alleged to have been sustained by such person nor for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid, emergency treatment or rescue assistance, unless it is established that such injuries or such death were caused willfully, wantonly or recklessly or by gross negligence on the part of such person. This section shall apply to members or employees of nonprofit volunteer or governmental ambulance, rescue or emergency units, whether or not a user or service fee may be charged by the nonprofit unit or the governmental entity and whether or not the members or employees receive salaries or other compensation from the nonprofit unit or the governmental entity. This section shall not be construed to require a person who is ill or injured to be administered first aid or emergency treatment if such person objects thereto on religious grounds. This section shall not apply if such first aid or emergency treatment or assistance is rendered on the premises of a hospital or clinic.

1970, c. 565; 1975, c. 452, § 1; 1975, c. 679, § 1, eff. March 24, 1976; 1977, c. 80.

MARYLAND

Maryland Code Annotated 1957
1977 Session Laws

1977 Md. Laws, ch. 463:

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section 132 of Article 43 - Health, of the Annotated Code of Maryland (1971 Replacement Volume and 1976 Supplement) be and it is hereby repealed and reenacted, without amendments, to read as follows:

(a) A person licensed by the State of Maryland to provide medical care, who renders medical aid, care, or assistance for which he charges no fee or compensation: (1) at the scene of an emergency; (2) in transit to medical facilities; or (3) through communications with personnel rendering emergency assistance is not liable for any civil damages as the result of any professional act or omission by him not amounting to gross negligence.

(b) A member of any State, county, municipal or volunteer fire department, ambulance and rescue squad, or law-enforcement agency who has completed an American Red Cross course in advanced first aid or its equivalent and possesses a current card indicating that status as determined by the Secretary of Health and Mental Hygiene, or is certified by the State of Maryland as an emergency medical technician or cardiac rescue technician has the same immunity provided in subsection (a).

(c) Members and employees of federal, State, county, or city governments, hospitals, emergency medical service councils and agencies which operate as nonprofit groups that provide support to the emergency medical system through the provision of care, equipment, facilities, or consultant support without charging the emergency victim a fee for the service provided are not liable for any civil damages resulting from acts or omissions not amounting to gross negligence.

(d) A person not included in the above categories, who without compensation renders emergency assistance at the scene of an emergency, is not liable for acts committed or omitted, provided the person rendering the aid acts in a reasonably prudent manner and relinquishes direction of care of the injured person when a person licensed or certified by the State of Maryland to provide medical care or services is in a position to assume responsibility for care of the injured person.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1977.

Approved May 17, 1977.

1977 Md. Laws, ch. 207:

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That new Section 2-314 be and it is hereby added to Article - Agriculture, of the Annotated Code of Maryland (1974 Volume and 1976 Supplement) to read as follows:

Article - Agriculture

2-314.

A PERSON LICENSED BY THE STATE OF MARYLAND TO PROVIDE VETERINARY CARE WHO, FOR NO FEE OR COMPENSATION, RENDERS VETERINARY AID, CARE, OR ASSISTANCE IN AN EMERGENCY SITUATION IN WHICH THE OWNER OR CUSTODIAN OF THE ANIMAL IS NOT AVAILABLE TO GRANT PERMISSION, IS NOT LIABLE FOR ANY CIVIL DAMAGES AS THE RESULT OF ANY PROFESSIONAL ACT OR OMISSION BY HIM OR HER NOT AMOUNTING TO GROSS NEGLIGENCE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1977.

Approved April 29, 1977.

MASSACHUSETTS

Massachusetts General Laws Annotated 1958
1978 Cumulative Supplement

Mass. Gen. Laws Ann. ch. 111C, §12 (West):

Liability of doctors, nurses, hospitals, ambulance operators and attendants

No physician duly registered under the provisions of sections two, two A, or nine of chapter one hundred and twelve, and no nurse duly registered under the provisions of section seventy-four or section seventy-six of said chapter, and no hospital shall be liable in a suit for damages as a result of acts or omissions related to advice, consultation or orders given in good faith to ambulance operators and attendants who are qualified under section six, and are acting on behalf of an ambulance service duly licensed under section three, by radio, telephone or other remote means of communication under emergency conditions and prior to arrival of the patient at the hospital, clinic, office or other health facility from which the emergency communication to the ambulance operator or attendant is made; nor shall any said ambulance operator or attendant be liable in a suit for damages as a result of his said acts or omissions based upon said advice, consultation or orders by remote communication, if the said acts or omissions were made in good faith.

Added by St.1973, c. 948, § 1.

Mass. Gen. Laws Ann. ch. 112, §12B (West):

No physician duly registered under the provisions of section two or two A and no nurse duly registered or licensed under the provisions of section seventy-four, seventy-four A or seventy-six, or resident in another state, in the District of Columbia or in a province of Canada, and duly registered therein who, in good faith, as a volunteer and without fee, renders emergency care or treatment, other than in the ordinary course of his practice, shall be liable in a suit for damages as a result of his acts or omissions, nor shall he be liable to a hospital for its expenses if, under such emergency conditions, he orders a person hospitalized or causes his admission. (1969, ch. 343)

Mass. Gen. Laws Ann. ch. 112, §58A (West):

Emergency care to domestic animals; exemption from civil liability

Any veterinarian duly registered under the provisions of section fifty-five, or who is a resident of another state or in the District of Columbia and duly registered therein who, in good faith, as a volunteer and without fee, renders emergency care or treatment to a domestic animal other than in the ordinary course of his practice shall not be liable in a suit for damages as a result of his acts or omissions which may occur during such emergency care or treatment, nor shall he be liable to any animal hospital for its expenses if under such emergency conditions he orders an animal hospitalized or causes his admission to such hospital.
Added by St.1973, c. 808.

Mass. Gen. Laws Ann. ch. 231, §85I (West):

Emergency care, etc. of injured persons by members of ski patrols; exemption from civil liability

No member of a ski patrol duly registered in the National Ski Patrol system, who, in good faith, renders emergency care or treatment to a person who has become injured or incapacitated at a place or in an area where an emergency rescue can be best accomplished by the members of such a ski patrol together with their special equipment, shall be liable in a suit for damages as a result of his acts or omissions, either for such care or treatment or as a result of providing emergency transportation to a place of safety, nor shall he be liable to a hospital for its expenses if, under such emergency conditions, he causes the admission of such injured or incapacitated person.
Added by St.1970, c. 340.

MICHIGAN

Michigan Compiled Laws Annotated 1967
1978 Cumulative Supplement

Mich. Comp. Laws Ann. §41.711a:

Civil Liability; municipal or private ambulance drive or attendant, policemen, fireman

Sec. 1a. Any municipal or private driver or attendant or policeman or fireman enegaged in emergency first aid service, who, in good faith renders emergency care at the scene of an emergency, shall not be liable for any civil damages as a result of acts or omissions in rendering the emergency care, except acts or omiaaions constituting gross negligence or wilful and wanton misconduct. P.A. 1960, No. 50, § 1a, added by P.A. 1967, No. 217, § 1, Imd. Eff. July 10, 1967, as amended P.A., No. 163, 1968, §1, Imd. Eff. June 17,

Mich. Comp. Laws Ann. §169.1501:

Physicians and nurses; emergency care; civil liability.

Sec. 1. A physician or registered nurse who in good faith renders emergency care at the scene of an emergency, where a physician-patient or registered nurse-patient relationship did not exist prior to the advent of such emergency, shall not be liable for any civil damages as a result of acts or omissions by the physician or registered nurse in rendering the emergency care, except acts or omissions amounting to gross negligence or wilful and wanton misconduct. (1964, ch. 60, Sec. 1)

Mich. Comp. Stat. Ann. §691.1502:

Hospital or other medical care facility personnel

Sec. 2. (1) In instances where the actual hospital duty of that person did not require a response to that emergency situation, a physician, dentist, podiatrist, intern, resident, registered nurse, licensed practical nurse, registered physical therapist, clinical laboratory technologist, inhalation therapist, certified registered nurse anesthetist, x-ray technician, or paramedical person, who in good faith responds to a life threatening emergency or responds to a request for emergency assistance in a life threatening emergency within a hospital or other licensed medical care facility, shall not be liable for any civil damages as a result of an act or omission in the rendering of emergency care, except an act or omission amounting to gross negligence or wilful and wanton misconduct.

(2) The exemption from liability under subsection (1) shall not apply to a physician where a physician-patient relationship existed prior to the advent of the emergency nor to a licensed nurse where a nurse-patient relationship existed prior to the advent of the emergency.

(3) Nothing in this act shall diminish a hospital's responsibility to reasonably and adequately staff hospital emergency facilities when the hospital maintains or holds out to the general public that it maintains such emergency room facilities.
P.A.1968, No. 17, § 2, added by P.A.1975, No. 128, § 1, Imd. Eff. July 1, 1975.

Mich. Comp. Stet. Ann. §281.1051:

Cesualties involving vessels, rendering essistence

Sec. 51. (1) The operetor of e vessel involved in a collision, eccident, or other casuelty, end the operetor of any other vessel, so fer es he cen do so without serious denger to his own vessel, crew, end pessengers, shell render reesoneble assistence to e person affected by the collision, eccident, or other cesualty, including the transporting of the injured person to e physicien or surgeon for medical or surgical treetment, if it is epperent thet treatment is necessary or when requested by the injured person.

(2) A person who complies with subsection (1), or who gretuitously and in good feith renders essistence et the scene of e vessel collision, eccident, or other cesualty without objection of the person essisted, is not lieble for civil dameges es e result of the rendering of essistance, or for an ect or omission in providing or errenging towage, medical treetment, or other assistance, where the essisting persons ects es en ordinary, reesonebly prudent man would heve ected under the same or similer circumstences.
P.A. 1967, No. 303, §51, Eff. Jan. 1, 1968. Amended by P.A. 1974, No. 153, §1, Eff. Jan. 1, 1975.

Mich. Comp. Stat. Ann. §338.1906:

Liability for acts or omissions

Sec. 6. An act or omission of an advanced emergency medical technician done or omitted in good faith while rendering advanced mobile emergency care to a patient or trauma victim shall not impose liability upon the advanced emergency medical technician, the authorizing physician, the hospital, or the officers, members of the staff, nurses, or other employees of the hospital or the local governmental unit if the advanced mobile emergency care service is rendered in connection with an emergency, and in good faith, and under the direction of a licensed physician or registered nurse designated by the physician unless the act of omission was a result of gross negligence or wilful misconduct.

P.A.1974, No. 275, § 6, Imd. Eff. Oct. 10.

MINNESOTA

Minnesota Statutes Annotated (1945)
1977 Session Laws

Minn. Stat. Ann. §604.05 (West):

No person, who in good faith and in the exercise of reasonable care renders emergency care at the scene of an emergency, is liable for any civil damages as a result of acts or omissions by such person in rendering the emergency care.

For the purposes of this section, the scene of an emergency shall be those areas not within the confines of a hospital or other institution which has hospital facilities, or an office of a person licensed to practice one or more of the healing arts pursuant to Minnesota Statutes, Chapters 147, 148, 150A, or 153. (Laws 1971, c. 218, Sec. 1, eff. May 7, 1971.)

1977 Minn. Sess. Law Serv. (West) ch. 167:

Section 1. Minnesota Statutes 1976, Chapter 169, is amended by adding a section to read:

169.342 Good samaritan; exception to stopping and parking prohibition

A person who stops or parks his motor vehicle on any highway or street for the sole purpose of aiding another motorist who signals for assistance by raising the hood of the vehicle or displaying a flag, flare or similar signal is not in violation of any law, ordinance, or regulation prohibiting the stopping or parking of a motor vehicle, and no peace officer shall issue a traffic ticket therefor if:

(a) The motorist in distress is not already being given aid or assistance;

(b) The person takes reasonable safety precautions in stopping and parking his vehicle, and conforms with other laws regulating the stopping and parking of vehicles;

(c) The person is not in violation of traffic laws or regulations other than the prohibition against stopping and parking; and

(d) The person promptly leaves the scene if directed to leave by a peace officer.

This section does not apply to any person who stops or parks a vehicle next to an unattended vehicle.

Sec. 2. Effective date. This act is effective the day following its final enactment.

Approved May 19, 1977.

MISSISSIPPI

Mississippi Code Annotated (1972)
1977 Cumulative Supplement

Miss. Code Ann. §59-21-55:

Duty of vessel operator to remain at scene and render aid and assistance; liability for rendering assistance.

(1) It shall be the duty of the operator of any vessel involved in a boating accident to remain at the scene of such accident until he has rendered all necessary aid and assistance, including the carrying or the making of arrangements for the carrying of any person involved in such accident to a physician, surgeon, or hospital for medical, surgical or hospital treatment, if necessary, or if such carrying is requested by such injured person, and it is the further duty of the operator of any vessel or vessels involved in a boating accident required to be reported under this chapter to report the same as herein provided.

(2) Any person who complies with subsection (1) of this section or who gratuitously and in good faith renders assistance at the scene of a vessel collision, accident, or other casualty without objection of any person assisted, shall not be held liable for any civil damages as a result of the rendering of assistance or for any act or omission in providing or arranging salvage, towage, medical treatment, or other assistance where the assisting person acts as an ordinary, reasonable, prudent man would have acted under the same or similar circumstances.

SOURCES: Law[illegible] 1 after July 1, 1973.

Miss. Code Ann. §73-25-37:

Liability of physician, dentist, or registered nurse for rendering emergency care.

No duly licensed, practicing physician, dentist, or registered nurse who, in good faith and in the exercise of reasonable care, renders emergency care to any injured person at the scene of an emergency, or in transporting said injured person to a point where medical assistance can be reasonably expected, shall be liable for any civil damages as a result of any acts or omissions by such persons in rendering the emergency care to said injured person.

SOURCES: Codes, 1942, § 8083.5; Laws, 1962, ch. 413; 1964, ch. 431, eff from and after passage (approved May 15, 1964).

MISSOURI

Annotated Missouri Statutes (Vernon's)
1978 Cumulative Supplement

Mo. Ann. Stat. §190.195 (Vernon:

Personal liability for civil damages removed in certain emergency care situations

Any person who has been trained to provide first aid in a standard, recognized training program may render emergency care or assistance to the level for which he or she has been trained, at the scene of an emergency or accident, and shall not be liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

Laws 1973, p. 306, § 20, effective July 1, 1974.

MONTANA

Revised Codes of Montana Annotated 1947
1977 Cumulative Supplement

Mont. Rev. Code §17-410:

17-410. **Emergency care rendered at scene of accidents.** Any person licensed as a physician and surgeon under the laws of the state of Montana, or any other person, who in good faith renders emergency care or assistance, without compensation, at the scene of an emergency or accident, shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

History: En. Sec. 1, Ch. 93, L. 1963.

NEBRASKA

Revised Statutes of Nebraska of 1943
1977 Cumulative Supplement

Neb. Rev. Stat. §25-1152:

Physicians, surgeons, nurses: emergency care at scene of emergency; relieved of civil liability, when. No person who renders emergency care at the scene of an accident or other emergency gratuitously, shall be held liable for any civil damages as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for medical treatment or care for the injured person.

Neb. Rev. Stat. §35-107:

Volunteer firemen; emergency first aid; no liability for furnishing.

No member of a volunteer fire department or of a volunteer first aid, rescue, or emergency squad which providss emergency public first aid and rescue services shall be liable in any civil action to respond in damages as a result of his acts of commission or omission arising out of and in the course of his rendering in good faith any such services as such member but such immunity from liability shall not extend to the operation of any motor vehicle in connection with such services.

Nothing in this section shall be deemed to grant any such immunity to any person causing damage by his willful or wanton act of commission or omission. (1963, ch. 192, Sec. 1)

NEVADA

Nevada Revised Statutes nf 1953

Nev. Rev. Stat. §41.500:

Liability of persons rendering gratuitous emergency care; gross negligence.

1. Except as provided in NRS 41.505, any person in this state, who renders emergency care or assistance in an emergency, gratuitously and in good faith, shall not be held liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by such person in rendering the emergency care or assistance or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured person.

2. Any person in this state who acts as an ambulance driver or attendant on an ambulance operated by a volunteer ambulance service nr as a volunteer driver or attendant on an ambulance operated by a political subdivision of this state, or owned by the Federal Government and operated by a contractor of the Federal Government, and who in good faith renders emergency care or assistance to any injured or ill person, whether at the scene of an emergency or while transporting such injured or ill person to or from any health facility, clinic, doctor's office or nther medical facility, shall not be held liable for any civil damages as a result of any act or omission, not amounting tn gross negligence, by such ambulance driver or attendant in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured nr ill person.

3. Any duly appointed member of a volunteer ambulance service or a duly appointed volunteer member of an ambulance service operated by a political subdivision of this state, other than an ambulance driver or attendant, shall not be held liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by such member whenever he is performing his duties in good faith as a member of such volunteer ambulance service or ambulance service operated by a political subdivision.

4. Any person who is a member of a search and rescue organization in this state under the direct supervision of any county sheriff who in good faith renders emergency care nr assistance to any injured or ill person, whether at the scene of an emergency or while transporting such injured or ill person to or from any health facility, clinic, doctor's nffice or other medical facility, shall not be held liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by such person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, tn provide or arrange for further medical treatment for the injured or ill person.

(Added to NRS by 1963, 359; A 1965, 674; 1973, 433, 1432; 1975, 403)

Nev. Rev. Stat. §41.505:

Liability of physicians, others rendering emergency medical care; gross negligence.

1. Any physician or registered nurse who in good faith gives instruction to an advanced emergency medical technician-ambulance, as defined by NRS 630.430, at the scene of an emergency, and the advanced emergency medical technician-ambulance who obeys such instruction, shall not be held liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by such person in rendering such emergency care.

2. Any person licensed under the provisions of chapters 630, 632 or 633 of NRS, who renders emergency care or assistance in an emergency, gratuitously and in good faith, shall not be held liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by such licensed person in rendering the emergency care or assistance or as a result of any failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person. This section does not excuse a physician or ourse from liability for damages resulting from his acts or omissions which occur in a licensed health care facility relative to any person with whom there is a preexisting patient relationship.

(Added to NRS by 1973, 610; A 1975, 37, 404, 405)

NEW HAMPSHIRE

New Hampshire Revised Statutes Annotated 1966
1975 Cumulative Supplement

N.H. Rev. Stat. Ann. §326:B:18:

Emergency Treatment; Not Liable for Civil Damages. No person authorized to practice nursing as a registered nurse or licensed practical nurse under this chapter or under the laws of any other state who, in good faith, renders emergency care at the scene of an emergency which occurs outside both the place and the course of employment, shall be liable for any civil damages as a result of acts or omissions in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care.

Source. 1975, 281:1, eff. July 1, 1975.

N.H. Rev. Stat. Ann. §329:25:

Emergency Treatment. No person, authorized to practice medicine under this chapter or under the laws of any other state, who, in good faith, renders emergency care at the scene of an emergency without making any charge therefor, shall be liable for any civil damages as a result of acts or omissions by such person in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care. (1965, ch. 53, Sec. 1)

N.H. Rev. Stat. Ann. §508:12:

Emergency Care. If any person, in good faith renders emergency care at the place of the happening of an emergency, or while in transit in an ambulance or rescue vehicle to a person who is in urgent need of care as a result of the emergency, and if the acts of care are made in good faith and without willful or wanton negligence, the person who renders the care is not liable in civil damages for his acts or omissions in rendering the care, as long as he receives no compensation for the care from or on behalf of the person cared for, and provided further that any person rendering emergency care shall have the duty to place the injured person under the care of a physician, nurse, or other person qualified to care for such person as soon as possible and to obey the instructions of such qualified person. Source. 1967, 128:1. 1969, 130:1. 1971, 222:1, eff. Aug. 17, 1971.

NEW JERSEY

New Jersey Statutes Annotated 1952
1978 Cumulative Supplement

N.J. Stat. Ann. §2A:62A-1(West):

Emergency Care

Any individual, including a person licensed to practice any method of treatment of human ailments, disease, pain, injury, deformity, mental or physical condition, or licensed to render services ancillary thereto, who in good faith renders emergency care at the scene of an accident or emergency to the victim or victims thereof, shall not be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. (1968, Ch. 254, Sec. 1).

N.J. Stat. Ann. §2A:62A-3:

Treatment by medical personnel for dependency upon or illegal use of controlled dangerous substances or use of intoxicating vapor releasing chemical; immunity from liability

Any fully licensed doctor of medicine or doctor of osteopathy, or registered nurse, and any resident or intern on the staff of a hospital, whether or not fully licensed, who in good faith treats or renders care to a person in an attempt to cure such person's dependency upon controlled dangerous substances as defined in P.L.1970, chapter 226, section 2 (C. 24:24-2) or to curtail such person's illegal use of controlled dangerous substances, or any chemical or chemical compound which releases vapor or fumes causing a condition of intoxication, inebriation, excitement, stupefication, or dulling of the brain or nervous system, including but not limited to glue containing a solvent having the property of releasing toxic vapors or fumes, as defined in P.L.1965 chapter 41, section 1 (C. 2A:170-25.9) shall not be liable for any civil damages as a result of any of his acts or omissions in rendering such care, provided the skill and care given is that ordinarily required and exercised by others in the profession. The grant of immunity provided for herein shall also extend to the administrative personnel including all members of the medical staff and board of directors of hospitals and clinics treating such persons.

L.1971, c. 414, § 1, eff. Jan. 20, 1972.

N.J. Stat. ann. §45:16-8.1:

Practice defined

Any person shall be regarded as practicing veterinary medicine within the meaning of this chapter, who, either directly or indirectly, diagnoses, prognoses, treats, administers, prescribes, operates on, manipulates, or applies any apparatus or appliance for any disease, pain, deformity, defect, injury, wound or physical condition of any animal including poultry, or for the prevention of or to test the presence of any disease, or who cuts the tissue, tissues, muscle or muscles of the tail or ear of any animal or otherwise operates upon such tail or ear in any manner for the purpose or with the effect of altering the natural carriage of such tail or ear, or who holds himself out as being able or legally authorized to do so.

The term "practice of veterinary medicine, surgery, and dentistry" does not include:

* * * * * *

(5) Persons gratuitously giving aid, assistance or relief in emergency or accident cases if they do not represent themselves to be veterinarians or use any title or degree appertaining to the practice thereof. As amended L. 1968, c. 216, § 6.

NEW MEXICO

New Mexico Statutes Annotated of 1953

1976 Cumulative Supplement

N.M. Stat. Ann. §12-25-3:

Persons rendering emergency care - Release from liability. -

No person who shall administer emergency care in good faith at or near the scene of an emergency, as defined herein, shall be held liable for any civil damages as a result of any action or omission by such person in administering said care, except for gross negligence; Provided that nothing herein shall apply to the administering of such care where the same is rendered for remuneration or with the expectation of remuneration or is rendered by any person or agent of a principal who was at the scene of the accident or emergency because he or his principal was soliciting business or performing or seeking to perform some services for remuneration. (1963, ch. 59, Sec. 1)

N.M. Stat. Ann. §12-25-4:

Definition of emergency-

As used in this act [12-25-3, 12-25-4] "emergency" means an unexpected occurence involving injury or illness to persons, including motor vehicle accidents and collisions, disasters, and other accidents and events of similar nature occuring in public or private places. (1963, ch. 59, Sec.2)

NEW YORK

Consolidated Laws of New York Annotated (McKinney's)
1978 Cumulative Supplement

N.Y. Educ. §6527 (McKinney): Penalties.

* * * * *

2. Notwithstanding any inconsistent provision of any general, special or local law, any licensed physician who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physician. Nothing in this subdivision shall be deemed or construed to relieve a licensed physician from liability for damages for injuries or death caused by an act or omission on the part of a physician while rendering professional services in the normal and ordinary course of his practice.

3. No individual who serves as a member of (a) a committee established to administer a utilization review plan of a hospital, including a hospital as defined in article twenty-eight of the public health law or (b) a committee having the responsibility of evaluation and improvement of the quality of care rendered in a hospital as defined in article twenty-eight of the public health law, or (c) any medical review committee or subcommittee thereof of a local, county or state medical, dental, podiatry or optometrical society, any such society itself, a professional standards review organization or an individual when such committee, subcommittee, society, organization or individual is performing any medical review function either described in clauses (a) and (b) of this subdivision, required by law, or involving any controversy or dispute between (i) a physician, dentist, podiatrist or optometrist or hospital administrator and a patient concerning the diagnosis, treatment or care of such patient or the fees or charges therefor or (ii) a physician, dentist, podiatrist or optometrist or hospital administrator and a provider of medical, dental, podiatric or optometrical services concerning any medical or health charges or fees of such physician, dentist, podiatrist or optometrist, shall be liable in damages to any person for any action taken or recommendations made, by him within the scope of his function in such capacity provided that (a) such individual has taken action or made recommendations within the scope of his function and without malice, and (b) in the reasonable belief after reasonable investigation that the act or recommendation was warranted, based upon the facts disclosed.

Neither the proceedings nor the records relating to performance of a medical review function described herein shall be subject to disclosure under article thirty-one of the civil practice law and rules except as hereinafter provided or as provided by any other provision of law. No person in attendance at a meeting when a medical review function described herein was performed shall be required to testify as to what transpired thereat. The prohibition relating to discovery of testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject matter of which was reviewed at such meeting.

4. This article shall not be construed to affect or prevent the following:

a. The furnishing of medical assistance in an emergency;

b. The practice of the religious tenets of any church;

c. A physician from refusing to perform an act constituting the practice of medicine to which he is conscientiously opposed by reason of religious training and belief.

d. The organization of a medical corporation under article forty-four of the public health law or the organization of a professional service corporation under article fifteen of the business corporation law.

5. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person, partnership, corporation, firm, society, or other entity on account of the communication of information in the possession of such person or entity, or on account of any recommendation or evaluation, regarding the qualifications, fitness, or professional conduct or practices of a physician, to any governmental agency, medical or specialists society, or hospital as defined in article twenty-eight of the public health law. The foregoing shall not apply to information which is untrue and communicated with malicious intent.

As amended L.1972, c. 181, §§ 1, 2; L.1972, c. 801, § 1; L.1974, c. 74, § 1; L.1974, c. 611, § 1; L.1976, c. 418, § 1; L.1976, c. 726, § 1; L.1976, c. 888, § 13; L.1977, c. 770, § 7; L.1977, c. 773, § 8.

N.Y. Educ.§6537 (McKinney):

Non-liability of licensed physical therapists for first aid or emergency treatment

Notwithstanding any inconsistent provision of any general, special or local law, any licensed physical therapist who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary physical therapy equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physical therapist. Nothing in this section shall be deemed or construed to relieve a licensed physical therapist from liability for damages for injuries or death caused by an act or omission on the part of a physical therapist while rendering professional services in the normal and ordinary course of his practice.

Added L.1976, c. 195, § 1.

N.Y. Educ. §6908 (McKinney):

Special provision

Notwithstanding any inconsistent provision of any general, special, or local law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such registered professional nurse or licensed practical nurse. Nothing in this subdivision shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering professional services in the normal and ordinary course of her practice.

Added L.1971, c. 987, § 2; amended L.1971, c. 994, § 35.

N.Y. Educ. §6909 (McKinney):

Special provision

1. Notwithstanding any inconsistent provision of any general, special, or local law, any licensed registered professional nurse or licensed practical nurse who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctor's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such registered professional nurse or licensed practical nurse. Nothing in this subdivision shall be deemed or construed to relieve a licensed registered professional nurse or licensed practical nurse from liability for damages for injuries or death caused by an act or omission on the part of such nurse while rendering professional services in the normal and ordinary course of her practice.

2. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.

3. An applicant for a license as a registered professional nurse or licensed practical nurse by endorsement of a license of another state, province or country whose application was filed with the department under the laws in effect prior to August thirty-first, nineteen hundred seventy-one shall be licensed only upon successful completion of the appropriate licensing examination unless satisfactory evidence of the completion of all educational requirements is submitted to the department prior to September one, nineteen hundred seventy-seven.

Formerly § 6908, added L.1971, c. 987, § 2; amended L.1971, c. 994, § 35; renumbered 6909 and amended L.1972, c. 50, § 4; L.1975, c. 37, § 1.

1969 N.Y. Laws ch. 1028:

Section 1. Notwithstanding any inconsistent provision of any general, special or local law, any person who is registered as a member of the ski patrol with the National Ski Patrol System and who voluntarily and without the expectation of monetary compensation renders first aid, initial emergency medical aid procedures, or emergency treatment at a ski area to a person who is unconscious, ill or injured shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid, initial emergency medical aid procedures or emergency treatment, unless it is established that such injuries were or such death was caused by gross negligence on the part of such person.

NORTH CAROLINA

General Statutes of North Carolina 1965
1975 Replacement Volume

N.C. Gen. Stat. §20-166(d):

(d) any person who renders first aid or emergency assistance at the scene of a motor vehicle accident on any street or highway to any person injured as a result of such accident, shall not be liable in civil damages for any acts or omissions relating to such services rendered, unless such acts or omissions amount to wanton conduct or intentional wrongdoing. (1965, ch. 176)

NORTH DAKOTA

North Dakota Century Code 1960
1977 Cumulative Supplement

N.D. Cent. Code §23-27-04.1:

Emergency treatment rendered by officers, employees, or agents of ambulance service.—No officer, employee, or agent of any ambulance service licensed to operate in this state who, in good faith and in the exercise of reasonable and ordinary care, renders emergency care at the scene of an accident, disaster, or other emergency, shall be liable for any civil damages resulting from any acts or omissions by the person in rendering the emergency care provided such person is properly trained according to law. The provisions of this section shall not be construed to relieve the person rendering emergency care from liability to the person receiving the emergency care for damages resulting from the intoxication, willful misconduct, or gross negligence of the person rendering the emergency care.

Source: S. L. 1977, ch. 220, § 1.

N.D. Cent. Code §32-03-40:

Emergency treatment by firemen, policemen, or peace officers.—Any fireman, policeman, or peace officer who in good faith renders emergency care at the scene of an emergency in this state shall be expected to render only such emergency care as in his judgment is at the time indicated and shall not be liable for any civil damages for acts or omissions done in his good faith judgment except for damages occasioned by wanton acts of misconduct or negligence in rendering such emergency care.

Source: S. L. 1967, ch. 267, § 1.

N.D. Cent. Code §39-08-04.1

Emergency care at scene of accident—Liability.—Any person, except a physician acting pursuant to sections 43-17-37 and 43-17-38, who, in good faith, shall administer emergency care at or near the scene of an accident or disaster to the victims of the accident or disaster shall not be held liable for any damages resulting from the rendering of that care.

The provisions of this section shall not be construed to relieve the person rendering emergency care from liability for injury or death to the victim proximately resulting from the intoxication, willful misconduct, or gross negligence of the person rendering the care. Further, liability is not relieved if the emergency care was rendered for remuneration or with the expectation of remuneration.

Source: S. L. 1971, ch. 372, § 1.

N.D. Cent. Code §43-12-33:

Emergency

Treatment -

Any nurse licensed and registered under the provisions of this chapter, who, in good faith, renders in this state emergency care at the scene of the emergency shall be expected to render only such emergency care as in her judgment is at the time indicated. (1965, ch. 302, Sec. 1)

N.D. Cent. Code §43-17-37:

Emergency

treatment by resident physician. -

Any physician or surgeon licensed under the provisions of this chapter who in good faith renders in this state emergency care at the scene of the emergency shall be expected to render only such emergency care as in his judgment is at the time indicated. (1961, ch. 287, Sec. 1)

N.D. Cent. code §43-17-38:

Emergency

treatment by nonresident physician. -

Any physician or surgeon duly licensed to practice his profession in another state of the United States who renders in this state emergency care at the scene of the emergency shall only be held to the degree of care as specified in section 43-17-37, and he shall not be deemed to be practicing medicine within this state as contemplated by this chapter. (1961, ch. 287, Sec. 2)

OHIO

Ohio Revised Coda Annotated (Page) (1953)
1976 Cumulativa Supplement

Ohio Rev. Code Ann. §2305.23 (Paga):

Liability for emergency cere.

No person shall ba liabla in civil damages for administering emergency care or treatment at the scene of an emergency outside of e hospital, doctor's office, or othar place having proper medical equipment, for acts performed at the scene of such emergency, unless such acts constitute willful or wanton misconduct.

Nothing in this section applies to the administering of such care or trestment where tha same is rendered for remunerstion or with axpectation of remuneration. (1963)

OKLAHOMA

Oklahoma 8tatutes Annotatad 1971
1978 Cumulative Supplemant

Okla. Stat. Ann. tit. 59, §518 (Wast):

Emergency care or treatment--Immunity from Civil Damages or Criminal Prosecution.

No person who is a licensed practitioner of a haeling art in the Stata of Oklahoma, who in good faith renders emergency care or treatment et the scene of tha emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency eare or treatment, and no person who is a licensed practitioner of a healing art in the Stata of Oklahoma shall be prosecuted under tha criminal statutes of this Stata for treetment of a minor without tha consent of a minor's parent or guardian when such treatment was performed under emergency conditions and in good faith. (1968, ch. 405, §ec. 1).

Okla. Stat. Ann. tit. 59, §698.17 (West):

Good Samaritan application

Any licensed veterinarian who in good faith renders or attempts to render emergency care at the scene of an accident or emergency to the victim or victims thereof shall not be liable for any civil damages as a result of any acts or omissions by such person rendering or attempting to render the emergency care.

Laws 1971, c. 126, § 17, emerg. eff. May 4, 1971.

Okla. Stat. Ann. tit. 76, §5 (West):

Responsibility for negligence—"Good Samaritan Act"

(s) Everyone is responsible, not only for the result of his wilful acts, but also for an injury occasioned to another by his want of ordinary care or skill in the management of his property or person, except so far as the latter has, wilfully or by want of ordinary care, brought the injury upon himself, and except as hereinafter provided.

(1) Where no prior contractual relationship exists, any person licensed to practice any method of treatment of human ailments, disease, pain, injury, deformity, mental or physical condition, or licensed to render services ancillary thereto, including licensed registered and practical nurses, who, under emergency circumstances that suggest the giving of aid is the only alternative to probable death or serious bodily injury, in good faith, voluntarily and without compensation, renders or attempts to render emergency care to an injured person or any person who is in need of immediate medical aid, wherever required, shall not be liable for damages as a result of any acts or omissions except for committing gross negligence or wilful or wanton wrongs in rendering the emergency care.

(2) Where no prior contractual relationship exists, any person who in good faith renders or attempts to render emergency care consisting of artificial respiration, or preventing or retarding the loss of blood, or aiding or restoring heart action or circulation of blood to the victim or victims of an accident or emergency, wherever required, shall not be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care.

(3) Where no prior contractual relationship exists, any person licensed to perform surgery or dentistry in this state who in

good faith renders emergency care requiring the performance of an operation or other form of surgery upon any individual who was the victim of an accidental act shall not be liable for any civil damages or subject to criminal prosecution as the result of nonconsent whereby such person renders or attempts to render the emergency surgery or operation voluntarily and without compensation, wherever required, except for gross negligence or wilful or wanton wrongs committed in rendering the care; provided, however, that the exemption granted by this subsection shall not attach if the victim is an adult who is conscious and capable of giving or refusing his consent; or if the victim's spouse, or parent, or guardian in the case of a minor or incompetent person, can be reached in a reasonable time considering the condition of the victim and consistent with good medical practice, and unless concurrence is obtained for such emergency surgery or operation from one other person licensed to perform surgery in this state.

(4) Where no contractual relationship exists, any person, or any member of his immediate family or household, who has been approved by the local P.T.A. or other local sponsoring agency or organization, who has registered with the local municipal police chief or the county sheriff, and who has been granted appropriate authorization by either the police chief or the county sheriff to indicate by sign in the window of his home or in any other tangible or identifiable manner that he will extend aid and refuge to persons on the streets in apparent danger, or in need of aid, by inviting those persons into the person's home, or onto premises thereof, and in good faith provides such refuge or aid without objection of the endangered or needy person, whether child or adult, neither the person extending the aid and refuge nor the homeowner or head of household shall be liable for civil damages as a result of actions or omissions in rendering emergency physical care to the body of the aided person; nor shall they be liable for civil damages for any other injury in the home, or on premises thereof, to the person aided, nor for any failure to provide or arrange for his police protection or other protection or medical treatment, when the actions or omissions were those of an ordinarily reasonably prudent person under the circumstances without want of ordinary care or skill.

(b) This act shall be known and may be cited as the "Good Samaritan Act."

R.I.1910, § 998. Laws 1963, c. 87, § 1; Laws 1965, c. 24, § 1, eff. Feb. 26, 1965; Laws 1969, c. 158, § 1, eff. April 14, 1969; Laws 1971, c. 146, § 1, eff. May 19, 1971; Laws 1974, c. 256, § 1, eff. May 29, 1974.

OREGON

Oregon Revised Statutes 1953
1977 Replacement

Ore. Rev. Stat. §30.800:

Liability for emergency medical assistance limited. (1) As used in this section:

(a) "Emergency medical assistance" means medical care not provided in a place where emergency medical care is regularly available, including but not limited to a hospital, industrial first-aid station or a physician's office, given voluntarily and without the expectation of compensation to an injured person who is in need of immediate medical care and under emergency circumstances that suggest that the giving of assistance is the only alternative to death or serious physical aftereffects.

(b) "Medically trained person" means:

(A) A person licensed under any law of a state or of the United States to practice medicine and surgery, professional nursing, osteopathy or chiropractic; and

(B) A person who has completed successfully, within three years prior to the date on which emergency medical assistance is rendered by him, a state or federal-sponsored training program for persons engaging in the rendering of emergency medical assistance or who has completed successfully the aforesaid training program and, within three years prior to the date on which emergency medical assistance is rendered by him, regularly has engaged in the rendering of emergency medical assistance, and who possesses proof of the successful completion of such a training program; and

(C) A person who has completed, within three years prior to the date on which emergency medical assistance is rendered by him, a course sponsored by the American Red Cross and is qualified to render emergency first-aid and who possesses proof of the completion of such first-aid training; and

(D) A person who, within three years prior to the date on which emergency medical assistance is rendered by him, has been trained or who has been trained and, within three years prior to the date on which emergency medical assistance is rendered by him, has served as a medical assistant or medical corpsman in the Armed Services of the United States.

(2) No person may maintain an action against a medically trained person for damages for injury, death or loss that results from acts or omissions of the medically trained person while rendering emergency medical assistance unless it is alleged and proved by the complaining party that the acts or omissions violate the standards of reasonable care under the circumstances in which the emergency medical assistance was rendered.

(3) The giving of emergency medical assistance by a medically trained person does not, of itself, establish the relationship of physician and patient or nurse and patient between the medically trained person giving the assistance and the person receiving the assistance in so far as the relationship carries with it a duty of a physician or nurse to provide or arrange for further medical care for the injured person after the giving of emergency medical assistance.

(4) Subsections (1) to (3) of this section do not apply to any cause of action arising prior to September 13, 1967.

[1967 c.266 ss.1, 2; 1973 c.635 s.1]

PENNSYLVANIA

Pennsylvania Statutes Annotated (Purdon)(1953)
1978 Cumulative Supplement

Pa. Stat. Ann. tit. 12, §1641 (Purdon):

Physicians, other practitioners and nurses, civil liability.

Any physician or any other practitioner of the healing arts or any registered nurse, licensed by any one of the United States, who happens by chance upon the scene of an emergency or who arrives on the scene of an emergency by reason of serving on an emergency call panel or similar committee of a county medical society or who is called to the scene of an emergency by the police or other duly constituted officers of the State or a political subdivision or who is present when an emergency occurs and who, in good faith, renders emergency care at the scene of the emergency, shall not be liable for any civil damages as a result of any acts or omissions by such physician or practitioner or registered nurse in rendering the emergency care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving emergency care. (1965, ch. 40, Sec. 1)

Pa. Stat. Ann. tit. 12, §1642 (Purdon):

"Good faith"

"Good faith" shall include, but is not limited to, a reasonable opinion that the immediacy of the situation is such that the rendering of care should not be postponed until the patient is hospitalized. (1965, ch. 40, Sec. 1)

Pa. Stat. Ann. tit. 12, §1643 (Purdon):

Firemen, policemen, ambulance, rescue squad or ski patrol personnel

Any fireman, policeman, member of a volunteer ambulance or rescue squad or member of the National Ski Patrol who renders emergency care, first aid or rescue while in the performance of his duties at the scene of an emergency, or moves the person receiving such care, first aid and rescue to a hospital or other place of medical care, shall not be liable to such person for any civil damages as a result of any acts or omissions in rendering the emergency care, first aid or rescue, or moving the person receiving the same to a hospital or other place of medical care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving the emergency care, first aid or rescue, or being moved to a hospital or other place of medical care, but nothing herein shall relieve a driver of an ambulance or other emergency or rescue vehicle from liability arising from operation or use of such vehicle. In order for any fireman, policeman, member of a volunteer ambulance or rescue squad or member of the National Ski Patrol to receive the benefit of the exemption from civil liability provided for in this act, he must first have taken and successfully completed a standard first aid course recognized or approved by the American Red Cross and further he shall have a valid certification from the American Red Cross that he has successfully completed any necessary training or refresher courses, or shall have successfully completed a first aid course having standards at least equal to a first aid course recognized or approved by the American Red Cross.
1966, Sept. 8, P.L. 466, § 1, as amended 1967, Oct. 9, P.L. 868, No. 388, § 1; 1972, June 17, P.L. 389, No. 14, § 1.

Pa. Stat. Ann. tit. 35, §6805 (Purdon):

Liabilities

(a) No physician, who in good faith gives instructions to an emergency medical technician, shall be liable for any civil damages as a result of issuing the instructions, unless guilty of gross or willful negligence.

(b) No emergency medical technician or emergency medical technician-paramedic, who in good faith attempts to render emergency care authorized by this act, shall be liable for civil damages as a result of any acts or omissions, unless guilty of gross or willful negligence.

1976, Nov. 30, P.L. 1205, No. 264, § 5, imd. effective.

RHODE ISLAND

General Laws of Rhode Island 1956
1966 Cumulative Supplement

(Doctors)

R.I. Gen. Laws §5-37-14:

Discrimination against particular schools - Persons exempt from requirements - Immunity from liability. -

Nothing in this chapter or chapter 30 or chapter 36 of this title shall be so construed as to discriminate against any particular school or system of medicine, or to prohibit gratuitous services in case of emergency; nor shall said chapters apply to commissioned surgeons of the United States army, navy, air force, or marine hospital service, or to legally qualified physicians of another state, called to see a particular case, in consultation with a registered physician of this state, but who do not open an office or appoint any place in this state where they may meet patients or receive calls. Provided further that no person licensed under the provisions of this chapter or members of the same professions duly licensed to practice in other states of the United States, who voluntarily and gratuitously and other than in the ordinary course of his employment or practice renders emergency medical assistance to a person in need thereof, shall be liable for civil damages for any personal injuries which result from acts or omissions by such persons in rendering the emergency care, which may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, wilful, or wanton negligence, or when rendered at any hospital, doctors office or clinic where such services are normally rendered. (1963, ch. 138, Sec. 1)

(Chiropractics)

R.I. Gen. Laws §5-30-17:

Scope of chapters. — Except as otherwise herein expressly provided, all provisions of chapters 36 and 37 of this title shall apply to the practice of chiropractic, and to persons practicing chiropractic within the state.

History of Section.
G. L., ch. 150, § 36, as enacted by P. L. 1927, ch. 1097, § 1; G. L. 1938, ch. 276, § 20; G. L. 1956, § 5-30-17.

(Osteopaths)

R.I. Gen. Laws §5-36-7:

Application of provisions on medical practice. — Except as otherwise herein expressly provided, all provisions of chapter 37 of this title shall apply to the practice of osteopathy and to persons practicing osteopathy within this state.

History of Section.
P. L. 1914, ch. 1068, § 6; G. L. 1923, ch. 150, § 18; G. L. 1938, ch. 276, § 18; G. L. 1956, § 5-36-7.

SOUTH CAROLINA

Code of Laws of South Carolina 1976
1977 Cumulative Supplement

S.C. Code §15-1-310:

Liability for emergency care rendered at scene of accident.

Any person, who in good faith gratuitously renders emergency care at the scene of an accident or emergency to the victim thereof, shall not be liable for any civil damages for any personal injury as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except acts or omissions amounting to gross negligence or wilful or wanton misconduct.

HISTORY: 1962 Code § 46-803; 1964 (53) 2164.

(Emergency Medical Services)

S.C. Code §441-61-100 (c):

Exemptions.
The following are exempted from the provisions of this chapter:

* * * * * *

(c) The use of a privately or publicly owned vehicle, not ordinarily utilized in the transportation of persons who are sick, injured or otherwise incapacitated and operating under the provisions of § 15-1-310 (Good Samaritan Act) in the prevention of loss of life and alleviation of suffering.

HISTORY: 1962 Code § 32-605.40; 1974 (58) 2370.

SOUTH DAKOTA

South Dakota Compiled Laws Annotated 1967)
1977 Cumulative Supplement

S.D. Compiled Laws Ann. §20-9-3:

Licensed medical practitioners immune from liability for emergency care.—No physician, surgeon, osteopath, physician assistant, registered nurse or licensed practical nurse, licensed under the provisions of chapters 36-4, 36-4A and 36-9, who in good faith renders, in this state, emergency care at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person rendering the emergency care.

Source: SL 1961, ch 137, § 1; 1963, ch 160, § 1; 1976, ch 152.

S.D. Compiled Laws Ann. §20-9-4:

Immunity of medical practitioner licensed in another state--Acts not deemed professional practice.--

No physician, surgeon, osteopath, registered nurse or licensed practical nurse duly licensed to practice his profession in another state of the United States, who renders in this state emergency care at the scene of the emergency, shall be liable as specified in Sec. 20-9-3, nor shall he be deemed to be practicing medicine or nursing within this state as contemplated by chapters 36-2, 36-4 and 36-9. (1963, ch. 159, Sec. 2).

S.D. Compiled Laws Ann. §20-9-4.1: General immunity from liability for emergency care - Exceptions. -

No peace officer, conservation officer, member of any fire department, police department and their first aid, rescue or emergency squad, or any other person shall be liable for any civil damages as a result of their acts of commission or omission arising out of and in the course of their rendering in good faith, any emergency care and services during an emergency which is in their judgment indicated and necessary at the time. Such relief from liability for civil damages shall not extend to the operation of any motor vehicle in connection with any such care or services.

Nothing in this section shall be deemed to grant any such relief to any person causing any damage by his willful, wanton or negligent act of commission or omission.

Source: SL 1968, ch 159; 1970, ch 140; Impl am SL 1971, ch 281, § 2 (SDCL 41-9-11.1).

Note: The immunity which seems to be granted by the first paragraph of 20-9-4.1 appears to be nullified by the second paragraph which holds those covered liable for a "... negligent act ..." This may be an error in the enactment of the statute. Perhaps it should read [grossly] negligent act.

TENNESSEE

Tennessee Code Annotated 1955
1976 Replacement

Tenn. Code Ann. §63-622:

"Good Samaritan Law". - This section shall be known and cited as "The Good Samaritan Law".

Any person, including those licensed to practice medicine and surgery and including any person licensed to render service ancillary thereto, who in good faith renders emergency care at the scene of an accident and/or disaster, to the victim or victims thereof without making any charge therefor, shall not be liable for any civil damages as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except such damages as may result from the gross negligence of the person rendering such emergency care. (1963, ch. 46, Sections 1, 2)

TEXAS

Civil Statutes of Texas Annotated (Vernon's 1968)
1978 Cumulative Supplement

Tex. Rev. Civ. Stat. Ann. art. 1a (Vernon):

> **Emergency care; relief from liability for civil damages**
>
> No person shall be liable in civil damages who administers emergency care in good faith:
>
> (1) at the scene of an emergency or in a hospital for acts performed during the emergency unless such acts are wilfully or wantonly negligent; provided that nothing herein shall apply to the administering of such care where the same is rendered for remuneration or with the expectation of remuneration or is rendered by any person or agent of a principal who was at the scene of the accident or emergency because he or his principal was soliciting business or seeking to perform some services for remuneration; and further provided that this section shall not apply to a person who regularly administers care in a hospital emergency room or to an admitting physician, or to a treating physician associated by the admitting physician, of the patient bringing a health care liability claim;
>
> (2) an emergency medical service personnel not licensed in the healing arts unless the emergency care is wilfully or wantonly negligent whether or not remuneration is received for the rendition of the service or whether or not remuneration is expected as a result of the rendition of the service.
>
> Amended by Acts 1977, 65th Leg., p. 2064, ch. 817, § 21.08, eff. Aug. 29, 1977.

UTAH

Utah Code Annotated 1953 (1973)
1977 Cumulative Supplement

(Dentists)

Utah Code Ann. §58-7-9:

> **No civil liability for emergency care rendered by licensee.**—No person licensed under this chapter or under chapter 8 of Title 58 or their auxiliary personnel authorized to perform services for them under provisions of these chapters, who in good faith renders emergency care at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering emergency care.
>
> History: C. 1953, 58-7-9, enacted by L. 1975, ch. 17, § 1.

(Doctors and Nurses)

Utah Code Ann. §58-12-23:

No civil liability for emergency care rendered by licensee. --

No person licensed under this chapter or under chapter 31 of Title 58, Laws of Utah, who in good faith renders emergency care at the scene of the emergency, shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. (1967, ch. 138, Sec. 1)

Utah Code Ann. §58-12-39:

Medical Practice Act—"Good Samaritan Statute" to apply.— The provisions of section 58-12-22, Utah Code Annotated 1953, as enacted by chapter 135, section 1, Laws of Utah 1961, commonly known as the "Good Samaritan Statute" shall apply to all persons licensed under the provisions of this act. History: L. 1969, ch. 167, § 14.

VERMONT

Vermont Statutes Annotated 1959 (1973)
1977 Cumulative Supplement

Vt. Stat. Ann. tit. 12, §519:

Emergency medical care.

(a) A person who knows that another is exposed to grave physical harm shall, to the extent that the same can be rendered without danger or peril to himself or without interference with important duties owed to others, give reasonable assistance to the exposed person unless that assistance or care is being provided by others.

(b) A person who provides reasonable assistance in complisnce with subsection (a) of this section shall not be liable in civil damages unless his acts constitute gross negligence or unless he will receive or expects to receive remuneration. Nothing contained in this subsection shall alter existing laws with reapect to tort liability of a practitioner of the healing arts for acts committed in the ordinary course of his practice.

(c) A person who willfully violates subsection (a) of this section shall be fined not more than $100.00. (1968, ch. 309 [Adjourned Session 1967-1968] Sections 2, 3, & 4).

VIRGINIA

Code of Virginia Annotated 1950
1976 Cumulative Supplement.

Va. Code Ann. §44-146.23:

Immunity from liability.—(a) Neither the State, nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in cases of willful misconduct, public or private employees, nor representatives of any of them, engaged in any disaster services activities, while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities. The provisions of this section shall not affect the right of any person to receive benefits to which he would otherwise be entitled under this chapter, or under the Workmen's Compensation Law, or under any pension law, nor the right of any such person to receive any benefits or compensation under any act of Congress.

(b) Any person owning or controlling real estate or other premises who voluntarily and without compensation grants a license or privilege, or otherwise permits the designation or use of the whole or any part or parts of such real estate or premises for the purpose of sheltering persons, of emergency access or of other uses relating to emergency services shall, together with his successors in interest, if any, not be liable for negligently causing the death of, or injury to any person on or about such real estate or premises or for loss of or damage to the property of any person on or about such real estate or premises during such actual or impending disaster.

(c) If any person holds a license, certificate, or other permit issued by any state, or political subdivision thereof, evidencing the meeting of qualifications for professional, mechanical, or other skills, the person may gratuitously render aid involving that skill in this State during a disaster, and such person shall not be liable for negligently causing the death of, or injury to, any person or for the loss of, or damage to, the property of any person resulting from such gratuitous service.

(d) No person, firm or corporation which gratuitously services or repairs any electronic devices or equipment under the provisions of this section after having been approved for the purposes by the State Coordinator shall be liable for negligently causing the death of, or injury to, any person or for the loss of, or damage to, the property of any person resulting from any defect or imperfection in any such device or equipment so gratuitously serviced or repaired. (1973, c. 260.)

Va. Code Ann. §54-276.9:

Persons rendering emergency care exempt from liability. - (a) Any person who, in good faith, renders emergency care or assistance, without compensation, to any injured person at the scene of an accident, fire, or any life-threatening emergency, or en route therefrom to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

(b) Any emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance, without compensation, to any injured or ill person, whether at the scene of an accident, fire. or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance.

(c) Any person having attended and successfully completed a course in cardiopulmonary resuscitation, which has been approved by the Board of Health, who in good faith and without compensation renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any other place, or while transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures; and such individual shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

(d) Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle. (1962, c. 449; 1964, c. 568; 1968, c. 796; 1972, c. 578; 1975, c. 508).

WASHINGTON

Revised Code of Washington Annotated 1964 (1978)

Wash. Rev. Code Ann. §4.24.300,.310:

Persons rendering emergency care or transportation—Immunity from liability

Any person who in good faith and not for compensation renders emergency care at the scene of an emergency or who participates in transporting, not for compensation, therefrom an injured person or persons for emergency medical treatment shall not be liable for civil damages resulting from any act or omission in the rendering of such emergency care or in transporting such persons, other than acts or omissions constituting gross negligence or willful or wanton misconduct. [Added by Laws 1975 ch 88 § 1.]

CJS Negligence § 17.
Key Number Digests: Negligence ⊕11.

4.24.310 Persons rendering emergency care or transportation—Definitions

For the purposes of RCW 4.24.300 the following words and phrases shall have the following meanings unless the context clearly requires otherwise:

(1) "Good faith" means a state of mind denoting honesty of purpose, integrity, and a reasonable opinion that the immediacy of the situation is such that the rendering of care should not be postponed until the injured person is hospitalized.

(2) "Emergency care" means care, first aid, treatment, or assistance rendered to the injured person in need of immediate medical attention and includes providing or arranging for further medical treatment or care for the injured person. Except with respect to the injured person or persons being transported for further medical treatment or care, the immunity granted by RCW 4.24.300 does not apply to the negligent operation of any motor vehicle.

(3) "Scene of an emergency" means the scene of an accident or other sudden or unexpected event or combination of circumstances which calls for immediate action other than in a hospital, doctor's office, or other place where qualified medical personnel practice or are employed. [Added by Laws 1975 ch 88 § 2.]

Wash. Rev. Code Ann. §18.32.030:

Exemptions from statute

The following practices, acts and operations are excepted from the operation of the provisions of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of his profession by a physician or surgeon, licensed as such and registered under the laws of this state, unless he undertakes to or does reproduce lost parts of the human teeth in the mouth or to restore or to replace in the human mouth lost or missing teeth;

* * * * *

[Amended by laws 1969 ch 47 §7; Laws 1st Ex Sess 1971 ch 236 §1.]

Wash. Rev. Code Ann. §18.71.210:

Physician's trained mobile intravenous therapy technicians, airway management technicians, mobile intensive care paramedics—Liability for acts or omissions. No act or omission of any physician's trained mobile intensive care paramedic, intravenous therapy technician, or airway management technician, as defined in RCW 18.71.200 as now or hereafter amended, done or omitted in good faith while rendering emergency medical service under the responsible supervision and control of a licensed physician to a person who is in imminent danger of loss of life or has suffered grievous bodily injury shall impose any liability upon:

(1) The trained mobile intensive care paramedic, intravenous therapy technician, or airway management technician;

(2) The supervising physician;

(3) Any hospital, the officers, members of the staff, nurses, or other employees of a hospital;

(4) Any training agency or training physician;

(5) Any licensed ambulance service; or

(6) A federal, state, county, city or other local governmental unit or employees of such a governmental unit.

This section shall only apply to an act or omission committed or omitted in the performance of the actual emergency medical procedures and not in the commission or omission of an act which is not within the field of medical expertise of the physician's trained mobile intensive care paramedic, intravenous therapy technician, or airway management technician, as the case may be.

This section shall not relieve a physician or a hospital of any duty otherwise imposed by law upon such physician or hospital for the designation or training of a physician's trained mobile intensive care paramedic, intravenous therapy technician, or airway management technician, nor shall this section relieve any individual or other entity listed in this section of any duty otherwise imposed by law for the provision or maintenance of equipment to be used by the physician's trained mobile intensive care paramedics, intravenous therapy technicians, or airway management technicians.

This section shall not apply to any act or omission which constitutes either gross negligence or wilful or wanton conduct.

[Added by Laws 1st Ex Sess 1971 ch 305 §3, effective May 20, 1971; Amended by Laws 1977 ch 55 §4.]

Wash. Rev. Code Ann. §18.71.220:

Rendering emergency care—Immunity of physician or hospital from civil liability

No physician or hospital licensed in this state shall be subject to civil liability, based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age where its patient is unable to give his consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care: *Provided*, That such physician or hospital has acted in good faith and without knowledge of facts negating consent. [Enacted Laws 1st Ex Sess 1971 ch 205 § 4, effective May 20, 1971.]

WEST VIRGINIA

West Virginia Code Annotated 1966
1976 Cumulative Supplement

W. Va. Code Ann. §55-7-15:

Aid to victim of accident; immunity from civil liability.

No person, including a person licensed to practice medicine or dentistry, who in good faith renders emergency care at the scene of an accident, without remuneration, shall be liable for any civil damages as the result of any act or omission in rendering such emergency care. (1967, c. 2.)

Effective date. — The act adding this section was passed on Feb. 16, 1967, and made effective from passage.

WISCONSIN

Wisconsin Statutes Annotated (West)(1957)
1978 Cumulative Supplement

(Nurses)

Wis. Stat. Ann. §441.06(5)(West):

Certificate; civil liability exemption

(5) No person registered under this section, who in good faith renders emergency care at the scene of an emergency, is liable for any civil damages as a result of acts or omissions by such person in rendering the emergency care. For the purpose of this subsection, the scene of an emergency shall be those areas not within the confines of a hospital or other institution which has hospital facilities, or a physician's office.

WYOMING

Wyoming Statutes Annotated 1978

Wyo. Stat. §33-26-143:

Persons rendering emergency assistance exempt from civil liability.

(a) Any person licensed as a physician and surgeon under the laws of the state of Wyoming, or any other person, who in good faith renders emergency care or assistance without compensation at the place of an emergency or accident, is not liable for any civil damages for acts or omissions in good faith.

(b) Persons or organizations operating volunteer ambulances or rescue vehicles supported by public or private funds, staffed by unpaid volunteers, and which make no charge for services rendered during medical emergencies, and the unpaid volunteers who staff ambulances and rescue vehicles are not liable for any civil damages for acts or omissions in good faith in furnishing emergency medical services. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton misconduct. (Laws 1961, ch. 42, § 1; 1977, ch. 135, § 1.)

DISTRICT OF COLUMBIA

District of Columbia Code 1973
1977 Cumulative Supplement

D.C. Code §2-142:

Liability of physician or nurse for negligence in rendering medical assistance at the scene of an accident.

No physician licensed to practice medicine or osteopathy in the District of Columbia or in any state, and no registered nurse licensed in the District of Columbia or in any State, shall be liable in civil damages for any act or omission, not constituting gross negligence, in the course of such physician or nurse rendering (in good faith and without expectation of receiving or intending to seek compensation) medical care or assistance at the scene of an accident or other medical emergency in the District of Columbia and outside a hospital. (1965, Pub. L. 89-341, Sec. 1, 79 Stat. 1302)

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STATEMENT OF HON. JAMES M. JEFFORDS

Mr. Chairman, I am very happy to have this opportunity to support H.R. 3203, the "Good Samaritan Act." The Congressman from Michigan, Mr. Pursell, is to be commended for introducing this legislation, and for his persistent efforts in both the 95th and 96th Congresses in this area. As Mr. Pursell points out, the Subcommittee has a great deal of other work which might be considered more important and pressing, and I want to thank the Members of the Subcommittee for taking the time to give thoughtful consideration to a small bill which will nonetheless have a significant positive impact on the well-being of airline passengers.

Times certainly have changed since the Biblical days. The proverbial "Good Samaritan" didn't have statutes to worry about. He didn't need to agonize over "ordinary," "gross" or "willful negligence." Perhaps it has become more difficult in the modern day to be good. There are more ramifications. There is little doubt that the American Jurisprudence "Good Samaritan Rule", by stipulating that a would-be "Good Samaritan" is charged with the duty of common or ordinary humanity to provide proper care and attention and may be held liable for a breach of duty," would discourage our citizens from coming to the aid of other persons in peril.

Accordingly, the States have adopted "Good Samaritan" statutes which generally limit liability in civil damages to acts constituting gross negligence, meaning the failure to exercise even the slightest degree of care, or to instances in which the person rendering assistance receives or expects to receive remuneration. Califorina was the first to adopt such a statute, in 1959, largely as a result of an incident in the Squaw Valley-Lake Tahoe region of northern California where an injured woman was left unattended on a ski slope, even though physicians were available for emergency treatment. The other 49 States have since followed California's lead, and adopted similar laws.

I should like to point out that Vermont's "Good Samaritan" statute, though comparable to other States' laws in many respects, is unique in that it rejects the common law's traditional refusal to impose a general duty to rescue persons in peril, even when the would-be-rescuer's safety is not in jeopardy. This obligation is prevalent in Europe, and a special physician's duty exists in New South Wales, but it has not caught on in this country.

But, as Mr. Pursell notes, State law has limited applicability when it comes to air travel. For example, it might be difficult if not impossible to determine over which State a plane had been flying when a "Good Samaritan" gave assistance to an injured or ailing fellow passenger. Which State law would apply if assistance were administered in several States' airspaces? Clearly, a federal law would be useful for the purpose of preventing potential confusion in this matter.

Thank you very much, Mr. Chairman.

CODE OF FEDERAL REGULATIONS

TITLE 14—AERONAUTICS AND SPACE

§ 121.309 Emergency equipment

(a) General: No person may operate an airplane unless it is equipped with the emergency equipment listed in this section and in § 121.310.

(b) Each item of emergency and flotation equipment listed in this section and in §§ 121.310, 121.339, and 121.340—

(1) Must be inspected regularly in accordance with inspection periods established in the operations specifications to ensure its condition for continued serviceability and immediate readiness to perform its intended emergency purposes;

(2) Must be readily accessible to the crew and, with regard to equipment located in the passenger compartment, to passengers;

(3) Must be clearly identified and clearly marked to indicate its method of operation;

(4) When carried in a compartment or container, must be carried in a compartment or container marked as to contents and the compartment or container, or the item itself, must be marked as to date of last inspection.

(c) *Hand fire extinguishers for crew, passenger, and cargo compartments.* Hand fire extinguishers of an approved type must be provided for use in crew, passenger, and cargo compartments in accordance with the following:

(1) The type and quantity of extinguishing agent must be suitable for the kinds of fires likely to occur in the compartment where the extinguisher is intended to be used.

(2) At least one hand fire extinguisher must be provided and conveniently located on the flight deck for use by the flight crew.

(3) At least one hand fire extinguisher must be conveniently located in the passenger compartment of each airplane accommodating more than 6 but less than 31 passengers, and at least two hand fire extinguishers must be conveniently located in each airplane accommodating more than 30 passengers.

(d) *First-aid equipment.* Approved first-aid kits for treatment of injuries likely to occur in flight or in minor accidents must be provided and must meet the specifications and requirements of Appendix A.

(e) *Crash ax.* Each airplane must be equipped with a crash ax.

(f) *Megaphones.* Each passenger-carrying airplane must have a portable battery-powered megaphone or megaphones readily accessible to the crew members assigned to direct emergency evacuation, installed as follows:

(1) One megaphone on each airplane with a seating capacity of more than 60 and less than 100 passengers, at the most rearward location in the passenger cabin where it would be readily accessible to a normal flight attendant seat. However, the Administrator may grant a deviation from the requirements of this subparagraph if he finds that a different location would be more useful for evacuation of persons during an emergency.

(2) Two megaphones in the passenger cabin on each airplane with a seating capacity of more than 99 passengers, one installed at the forward end and the other at the most rearward location where it would be readily accessible to a normal flight attendant seat.

[Doc. No. 6258, 29 FR 19205, Dec. 31, 1964, as amended by Amdt. 121-30, 32 FR 13267, Sept. 20, 1967; Amdt. 121-48, 34 FR 11489, July 11, 1969; Amdt. 121-106, 38 FR 22377, Aug. 20, 1973]

§ 121.310 Additional emergency equipment

(a) *Means for emergency evacuation.* Each passenger-carrying landplane emergency exit (other than over-the-wing) that is more than 6 feet from the ground with the airplane on the ground and the landing gear extended, must have an approved means to assist the occupants in descending to the ground. The assisting means for a floor-level emergency exit must meet the requirements of § 25.809(f)(1) of this chapter in effect on April 30, 1972, except that, for any airplane for which the application for the type certificate was filed after that date, it must meet the requirements under which the airplane was type certificated. An assisting means that deploys automatically must be armed during taxiing, takeoffs, and landings. However, if the Administrator finds that the design of the exit makes compliance impractical, he may grant a deviation from the requirement of automatic deployment if the assisting means automatically erects upon deployment and, with respect to required emergency exits, if an emergency evacuation demonstration is conducted in accordance with § 121.291(a). This paragraph does not apply to the rear window emergency exit of DC-3 airplanes operated with less than 36 occupants, including crew members and less than five exits authorized for passenger use.

(b) *Interior emergency exit marking.* The following must be complied with for each passenger-carrying airplane:

(1) Each passenger emergency exit, its means of access, and its means of opening must be conspicuously marked. The identity and location of each passenger emergency exit must be recognizable from a distance equal to the width of the cabin. The location of each passenger emergency exit must be indicated by a sign visible to occupants approaching along the main passenger aisle. There must be a locating sign—

(i) Above the aisle near each over-the-wing passenger emergency exit, or at another ceiling location if it is more practical because of low headroom;

(ii) Next to each floor level passenger emergency exit, except that one sign may serve two such exits if they both can be seen readily from that sign; and

(iii) On each bulkhead or divider that prevents fore and aft vision along the passenger cabin, to indicate emergency exits beyond and obscured by it, except that if this is not possible the sign may be placed at another appropriate location.

(2) Each passenger emergency exit marking and each locating sign must meet the following:

(i) For an airplane for which the application for the type certificate was filed prior to May 1, 1972, each passenger emergency exit marking and each locating sign must be manufactured to meet the requirements of § 25.812(b) of this chapter in effect on April 30, 1972. On these airplanes, no sign may continue to be used if its luminescence (brightness) decreases to below 100 microlamberts. The colors may be reversed if it increases the emergency illumination of the passenger compartment. However, the Administrator may authorize deviation from the 2-inch background require-

ments if he finds that special circumstances exist that make compliance impractical and that the proposed deviation provides an equivalent level of safety.

(ii) For an airplane for which the application for the type certificate was filed on or after May 1, 1972, each passenger emergency exit marking and each locating sign must be manufactured to meet the interior emergency exit marking requirements under which the airplane was type certificated. On these airplanes, no sign may continue to be used if its luminescence (brightness) decreases to below 250 microlamberts.

(c) *Lighting for interior emergency exit marking.* Each passenger-carrying airplane must have an emergency lighting system, independent of the main lighting system. However, sources of general cabin illumination may be common to both the emergency and the main lighting systems if the power supply to the emergency lighting system is independent of the power supply to the main lighting system. The emergency lighting system must—

(1) Illuminate each passenger exist marking and locating sign; and

(2) Provide enough general lighting in the passenger cabin so that the average illumination, when measured at 40-inch intervals at seat armrest height, on the centerline of the main passenger aisle, is at least 0.05 foot-candles.

(d) *Emergency light operation.* Except for lights forming part of emergency lighting subsystems provided in compliance with § 25.812(g) of this chapter (as prescribed in paragraph (h) of this section) that serve no more than one assist means, are independent of the airplane's main emergency lighting systems, and are automatically activated when the assist means is deployed, each light required by paragraphs (c) and (h) of this section must comply with the following:

(1) Unitl July 1, 1971, each light must be operable manually, and must operate automatically from the independent lighting system—

(i) In a crash landing; or

(ii) Whenever the airplane's normal electric power to the light is interrupted.

(2) After June 30, 1971, each light must—

(i) Be operable manually both from the flight crew station and from a point in the passenger compartment that is readily accessible to a normal flight attendant seat;

(ii) Have a means to prevent inadvertent operation of the manual controls, and

(iii) When armed or turned on at either station, remain lighted to become lighted upon interruption of the airplane's normal electric power.

Each light must be armed or turned on during taxiing, takeoff, and landing. In showing compliance with this paragraph a transverse vertical separation of the fuselage need not be considered.

(3) After May 1, 1974, each light must provide the required level of illumination for at least 10 minutes at the critical ambient conditions after emergency landing.

(4) After December 1, 1980, each light must have a cockpit control device that has an "on", "off", and "armed" position.

(e) *Emergency exit operating handles.* (1) For a passenger-carrying airplane for which the application for the type certificate was filed prior to May 1, 1972, the location of each passenger emergency exit operating handle, and instructions for opening the exit, must be shown by a marking on or near the exit that is readable from a distance of 30 inches. In addition, for each Type I and Type II emergency exit with a locking mechanism released by rotary motion of the handle, the instructions for opening must be shown by—

(i) A red arrow with a shaft at least three-fourths inch wide and a head twice the width of the shaft, extending along at least 70° of arc at a radius approximately equal to three-fourths of the handle length; and

(ii) The word "open" in red letters 1 inch high placed horizontally near the head of the arrow.

(2) For a passenger-carrying airplane for which the application for the type certificate was filed on or after May 1, 1972, the location of each passenger emergency exit operating handle and instructions for opening the exit must be shown in accordance with the requirements under which the airplane was type certificated. On these airplanes, no operating handle or operating handle cover may continue to be used if its luminescence (brightness) decreases to below 100 microlamberts.

(f) *Emergency exit access.* Access to emergency exits must be provided as follows for each passenger-carrying airplane:

(1) Each passage way between individual passenger areas, or leading to a Type I or Type II emergency exit, must be unobstructed and at least 20 inches wide.

(2) There must be enough space next to each Type I or Type II emergency exit to allow a crewmember to assist in the evacuation of passengers without reducing the unobstructed width of the passageway below that required in paragraph (f)(1) of this section. However the Administrator may authorize deviation from this requirement for an airplane certificated under the provisions of Part 4b of the Civil Air Regula-

tions in effect before December 20, 1951, if he finds that special circumstances exist that provide an equivalent level of safety.

(3) There must be access from the main aisle to each Type III and Type IV exit. The access from the aisle to these exists must not be obstructed by seats, berths, or other protrusions in a manner that would reduce the effectiveness of the exit. In addition—

(i) For an airplane for which the application for the type certificate was filed prior to May 1, 1972, the access must meet the requirements of § 25.813(c) of this chapter in effect on April 30, 1972; and

(ii) For an airplane for which the application for the type certificate was filed on or after May 1, 1972, the access must meet the emergency exit access requirements under which the airplane was type certificated.

(4) If it is necessary to pass through a passageway between passenger compartments to reach any required emergency exit from any seat in the passenger cabin, the passageway must not be obstructed. However, curtains may be used if they allow free entry through the passageway.

(5) No door may be installed in any partition between passenger compartments.

(6) If it is necessary to pass through a doorway separating the passenger cabin from other areas to reach required emergency exit from any passenger seat, the door must have a means to latch it in open position, and the door must be latched open during each takeoff and landing. the latching means must be able to withstand the loads imposed upon it when the door is subjected to the ultimate inertia forces, relative to the surrounding structure, listed in § 25.561(b) of this chapter.

(g) *Exterior exit markings.* Each passenger emergency exit and the means of opening that exit from the outside must be marked on the outside of the airplane. There must be a 2-inch colored band outlining each passenger emergency exit on the side of the fuselage. Each outside marking, including the band, must be readily distinguishable from the surrounding fuselage area by contrast in color. The markings must comply with the following:

(1) If the reflectance of the darker color is 15 percent or less, the reflectance of the lighter color must be at least 45 percent.

(2) If the reflectance of the darker color is greater than 15 percent, at least a 30 percent difference between its reflectance and the reflectance of the lighter color must be provided.

(3) Exits that are not in the side of the fuselage must have the external means of opening and applicable instructions marked conspicuously in red or, if red is inconspicuous against the background color, in bright chrome yellow and, when the opening means for such an exit is located on only one side of the fuselage, a conspicuous marking to that effect must be provided on the other side. "Reflectance" is the ratio of the luminous flux reflected by a body to the luminous flux it receives.

(h) *Exterior emergency lighting and escape route.* (1) Each passenger-carrying airplane must be equipped with exterior lighting that meets the following requirements:

(i) For an airplane for which the application for the type certificate was filed prior to May 1, 1972, the requirements of § 25.812 (f) and (g) of this chapter in effect on April 30, 1972.

(ii) For an airplane for which the application for the type certificate was filed on or after May 1, 1972, the exterior emergency lighting requirements under which the airplane was type certificated.

(2) Each passenger-carrying airplane must be equipped with a slip-resistant escape route that meets the following requirements:

(i) For an airplane for which the application for the type certificate was filed prior to May 1, 1972, the requirements of § 25.803(e) of this chapter in effect on April 30, 1972.

(ii) For an airplane for which the application for the type certificate was filed on or after May 1, 1972, the slip-resistant escape route requirements under which the airplane was type certificated.

(i) *Floor level exits.* Each floor level door or exit in the side of the fuselage (other than those leading into a cargo or baggage compartment that is not accessible from the passenger cabin) that is 44 or more inches high and 20 or more inches wide, but not wider than 46 inches, each passenger ventral exit (except the ventral exists on M-404 and CV-240 airplanes), and each tail cone exit, must meet the requirements of this section for floor level emergency exits. However, the Administrator may grant a deviation from this paragraph if he finds that circumstances make full compliance impractical and that an acceptable level of safety has been achieved.

(j) *Additional emergency exits.* Approved emergency exits in the passenger compartments that are in excess of the minimum number of required emergency exits

must meet all of the applicable provisions of this section except paragraph (f)(1), (2), and (3) of this section and must be readily accessible.

(k) After August 28, 1973, on each large passenger-carrying turbojet-powered airplane, each ventral exit and tailcone exit must be—

(1) Designed and constructed so that it cannot be opened during flight; and

(2) Marked with a placard readable from a distance of 30 inches and installed at a conspicuous location near the means of opening the exit, stating that the exit has been designed and constructed so that it cannot be opened during flight.

(l) *Portable lights.* After December 1, 1980, no person may operate a passenger-carrying airplane unless it is equipped with flashlight stowage provisions accessible from each flight attendant seat.

[Amdt. 121-2, 30 FR 3205, Mar. 9, 1965, as amended by Amdt. 121-20, 31 FR 8912, June 28, 1966; Amdt. 121-30, 32 FR 13267, Sept. 20, 1967; Amdt. 121-46, 34 FR 5545, Mar. 22, 1969; Amdt. 121-47, 34 FR 11489, July 11, 1969; Amdt. 121-77, 36 FR 16900, Aug. 26, 1971; Amdt. 121-84, 37 FR 3974, Feb. 24, 1972; Amdt. 121-99, 37 FR 25355, Nov. 30, 1972; Amdt. 121-149, 43 FR 50602, Oct. 30, 1978]

APPENDIX A—FIRST-AID KITS

Approved first-aid kits required by § 121.309 must meet the following specifications and requirements:

(1) Each first-aid kit must be dust and moisture proof, and contain only materials that either meet Federal Specification GG-K-391a, as revised, or are approved.

(2) Required first-aid kits must be distributed as evenly as practicable throughout the aircraft and be readily accessible to the cabin flight attendants.

(3) The minimum number of first-aid kits required is set forth in the following table:

Number of passenger seats:	*No. of first-aid kits*
0–50	1
51–150	2
151–250	3
More than 250	4

(4) Except as provided in paragraph (5), each first-aid kit must contain at least the following or other approved contents:

Contents:	*Quantity*
Adhesive bandage compresses, 1-inch	16
Antiseptic swabs	20
Ammonia inhalants	10
Bandage compresses, 4-inch	8

(5) Arm and leg splints which do not fit within a first-aid kit may be stowed in a readily accessible location that is as near as practicable to the kit.

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